



G. PULLA REDDY COLLEGE OF PHARMACY

MEHDIPATNAM, HYDERABAD-500 028.

Affiliated to Osmania University and Approved by PCI

Accredited by NAAC , Autonomous

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APPLICATION FOR ADMISSION INTO M. PHARM I YEAR UNDER CATEGORY-B SEATS FOR THE ACADEMIC YEAR 2026-2027.

(For Office Use only)

Receipt No:.....

Date:

Authorized Signatory

Affix latest
Passport size
Colour
photograph

Specializations:

Pharmaceutics ☐ Pharmaceutical Analysis ☐

Pharmacology ☐ Regulatory Affairs ☐

Indicate the order of preference for specialisation

1. **Name of the Applicant** : _____
(in Block letters as per B. Pharm Certificate)
2. **Date of Birth (dd/mm/yyyy)** : _____
(As per SSC – Enclose Photocopy)
3. **Father's Name** : _____
4. **Mother's Name** : _____
5. **Address for Communication** : _____
(with Pin Code)

- 6.(a) **Contact Phone No.'s** : 1. _____ 2. _____
- (b) **E.Mail Id** : _____
7. a) **Name of the qualifying examination** : _____
- b) **Month and Year of passing** : _____
- c) **Total Marks and percentage (%)** : _____
(Enclose photocopies of Marks memos,
(Degree/makeshift certificates)
8. **Rank in GPAT/TGPGECEt – 2026** : _____
(Enclose photocopy of Rank card)
9. **Regn.fee Rs.** **D.D. No.** **Date:** **Bank & Branch:**

DECLARATION

We declare that all the above statements made in this application are true. We accept that any statement made in the application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

Signature of the Applicant

Signature of the Father / Mother / Guardian

Date: