

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR ANANTAPURAMU-515002

Application for B. Pharmacy/Pharma.D Spot Admissions 2024-25 offered at JNTUA OTPRI

(Please see Information to Candidates before filling the application and follow the instructions)

1.]	NAME (in t	olock letter	rs) :					Affix recent pa	•
2. F	ather's /Hu	sband's Na	ame :					duly Attested by	the
3. F	Permanent A	Address	:					Gazetted Off with Seal	
4. A	Address for (Correspond							
 E r	 nail id:			Mobi	le No:				
5.	appropria	te block.	are claimin	-	,		write Yes	in the	
	SC	ST	BC-A	BC-B	BC-C	BC-D	ВС-Е	Others	
6.	Date of B	irth :							
			DATE	MO	NTH	YEAI	₹		
7.	Nationality	& Religio	on	:	I				
8.]	Particulars o	of Parent/G	uardian (Gu	ıardian, onl	y if both pa	arents are no	ot alive)		
(a) Name			:					
(b) Relations	ship with th	he candidate	e :					
(c) Profession	on and Des	ignation	:					

9. a) Particulars of qualifying Examination (Enclose Xerox copies of Original Certificates)							
Name of the	Name of the	Month & Year of	Class and Percentage of				
Qualifying	Board	Passing	marks obtained				
Examination			at the Qualifying				
			Examination				

b) Particulars of qualifying test (Enclose Xerox copies of Rank card)

Name of the Test	Hall ticket No	Rank
AP EAPCET (Bi.P.C)-		
2024		

DECLARATION BY THE APPLICANT

I hereby declare that all the details mentioned above are true and correct to the best of my knowledge. If found incorrect on scrutiny, my application may be rejected and admission granted may be cancelled.

I declare that I have not joined and will not join any course of study of any University / Institute during the period of my study in this University and will abide by the rules and regulations of this University. I will maintain 75% of attendance as required by University regulations.

I am aware that there is no fee reimbursement for spot admissions

Date:	
Place:	Signature of the Candidate

Note: Tuition Fee once paid shall not be refunded under any circumstances.