VICTORIA COLLEGE OF PHARMACY

Challavaripalem (V), Nallapadu (Via), Guntur - 522 005, Andhra Pradesh

(Approved by PCI & AICTE New Delhi - Permanently Affiliated to Acharya Nagarjuna University)

APPLICATION FOR ADMISSION: BACHELOR OF PHARMACY (B. PHARM)

Academic Year 2025 - 2026 | Approved Intake: 100 Seats | Counseling Code: AP EAPCET (VICG)

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1. Candidate Full Name (in Block Letters): _____

2. Father's / Guardian's Name: _____

3. Mother's Name: _____

4. Date of Birth (DD/MM/YYYY): _____ / _____ / _____ Gender: [ ] Male [ ] Female

5. Category: [ ] OC [ ] BC (A/B/C/D/E) [ ] SC [ ] ST [ ] EWS

6. Entrance Examination Details: AP EAPCET (VICG)
   Hall Ticket No: _____ Rank / Score: _____

7. Qualifying Examination Details:
   Examination Passed: Intermediate / B.Pharm / Equivalent
   Board / University: _____ Year of Passing: _____
   Marks Obtained: _____ / _____ Percentage / CGPA: _____

8. Permanent Communication Address:
   House / Flat No: _____ Street / Village: _____
   Mandal / Town: _____ District: _____
   State: _____ Pincode: _____

9. Contact Information:
   Student Mobile: _____ Parent Mobile: _____
   Email Address: _____

10. Declaration by Applicant:
    I hereby declare that all the information provided in this application is true and complete.
    I agree to abide by the rules, code of conduct, and academic regulations of the college.

Signature of Parent / Guardian Signature of Applicant
Date: _____ Place: _____

FOR OFFICE USE ONLY:
Application Verified By: _____ Admitted Status: [ ] Merit [ ] Management
Date of Admission: _____ Principal Signature: _____