

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: MASTER OF PHARMACY (M. PHARM)

Academic Year 2025 - 2026 | Approved Intake: 30 Seats | Counseling Code: GPAT / AP PGCET (VICG1)

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: GPAT / AP PGCET (VICG1)

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

Date: _____

Signature of Applicant

Place: _____

FOR OFFICE USE ONLY:

Application Verified By: _____ Admitted Status: ☐ Merit ☐ Management

Date of Admission: _____ Principal Signature: _____