



MNR COLLEGE OF PHARMACY

(Approved by PCI, New Delhi & Affiliated to Osmania University, Hyderabad)

MNR Nagar, (V) Fasalwadi, Sangareddy - 502294 (T.S.)

Phones : 230690, Fax: 08455 - 230533, 230555

E-mail: p.mnrcop@mnrindia.org, Website: www.mnrindia.org



Application No.	02
Registration No.	02
Admission No.	BPH/22/002
Date of Admission	05/12/22

Application for Admission to 1st Year B.PHARM Course

For the Academic Year: 2022-23

Name of the student (in full / Block Letters) : Kammari Pavithra

Aadhar No. : 4968 2725 7139

Father / Guardian's Name : Kammari Soihari

Aadhar No. : 5464 9772 1881

Mother's Name : Kammari Gouramma

Aadhar No. : 4980 3984 7374

Gender :

Male	<input checked="" type="checkbox"/> Female
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Date of Birth & Place of Birth :

d	d	m	m	y	y	y	y
2	1	1	0	2	0	0	3

Age & Blood Group : _____

Nationality : Indian Caste

SC	ST	<input checked="" type="checkbox"/> BC	Others
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Mother Tongue : Telugu & english

Email ID (Student) : Kammari Pavitra 99@gmail.com

Email ID (Father) : _____

Occupation & Income of Father/Guardian: carpenter

Permanent Address of Father / Guardian : (vi) Panchalingal (m) marpally (dist) vikarabad

Mobile No. : 9989495380 , 9010544208 (student)

Ph. No.(with STD Code) : _____ Pin Code 501-202

Educational Qualifications:

Course	Medium of Instruction	School/ College	Year of Passing	Board/ University
Secondary High School SSC/ its equivalent	Eng	Z.P.H.S School, Pattoor	2019 march	Board
Higher Secondary School 10+2/ its equivalent	Eng	RLR Zaheerabad	2021 June	Board
Degree (if any)				

Marks obtained in the qualifying examination: (10 + 2 or equivalent)

Subject	Max. Marks		Marks Scored		Percentage	
	I Year	II Year	I Year	II Year	I Year	II Year
English	100	100	84	84	84%	84%
Physics	60	60	57	57	97%	97%
Chemistry	60	60	53	53	93%	93%
Botany / Maths-1	60	60	58	58	98%	98%
Zoology / Maths-2	60	60	60	60	100%	100%
Total						

Marks obtained in D. Pharm: (if applicable)

Subject	Max. Marks	Marks Scored	Percentage
I Year			
II Year			
Total			

Declaration by the Candidate

I, am K. Pavithra declare that the information given above is true to the best of my knowledge. My admission is liable to be cancelled if any of the above said information is false, I also undertake to abide by the rules and regulations as laid down by the management of MNR College of Pharmacy.

Place : Panchalingal

Date : 08/12/2022

K. Pavithra
Signature of the Candidate

MNR COLLEGE OF PHARMACY

MNR Nagar, Sangareddy - 502 294

DECLARATION

I, am kammasi Pavithra S/D/o kammasi Srihari

admitted into B-pharmacy course in the year 2022 december at

MNR College of Pharmacy, Sangareddy do hereby agree to pay my annual tuition fee on or before the

dates mentioned below :-

2 nd Year Tution Fee	10 th September 2023
3 rd Year Tution Fee	10 th September 2024
4 th Year Tution Fee	10 th September 2025

I further promise to strictly adhere to the fee payment schedule mentioned above irrespective of my exam schedule, exam results and any other unforeseen incidences.

K. Pavithra
Student's Signature

[Signature]
Parent's Signature

Name : K. PAVITHRA

Name : K. SRIHARI

Date : 08/12/2022

Date : 08/12/2022



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DECLARATION BY SC/ST/BC/EBC/ MINORITY STUDENTS

I, am kammari Pavithra
S/o., D/o. kammari Sathari admitted to
B- pharmacy course at MNR College of Pharmacy, do hereby solemnly affirm
and sincerely declare that I belong to Scheduled caste / Scheduled Tribe / BC / Minority /
Sub caste BCB Sl.No. 21 and the
caste / community certificate. No. CND022223898269 Dt. 30/08/2022
issued by M.R.O. of Marpally Mandal
Vikarabad District of T.S. is genuine.

I am eligible for the SC/ST/BC/Minority scholarship to be sanctioned by the Government of T.S. In the event of non sanction of scholarship or insufficient sanction of the scholarship from the Government of T.S. within one year from the date of my admission and within one year from starting of subsequent academic year, I assure that I shall pay the prescribed fee to the college on my own.

In case I fail to pay the prescribed fee to the college my admission may be cancelled at any state without any notice by the Principal/Management.

Date: 08/12/2022

K. Pavithra
Signature of the student

I am K. Sathari parent / guardian of K. Pavithra

agree with the above declaration.

Date: 08/12/2022

[Signature]
Signature of the Parent/Guardian

Name: K. SATHARI



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RULES & REGULATIONS

1. Smoking, Consumption of alcohol and narcotic drugs in the College and Hostel premises are strictly prohibited. If anybody is found indulging will be liable for disciplinary action including cancellation of Admission.
2. Ragging is strictly banned and punishable crime under the Act 26 of 1997. If student violates the rule he / she will be subjected to severe punishment under the court of law and will be debarred from the college and rusticated for future education.
3. Participation in Union election / strikes are strictly banned.
4. DRESS CODE : students are expected to wear uniform dresses only. Any of the students is found violating dress code will be charged a fine of Rs.500/-.
5. Loss of Property or equipment by negligence or intent will be charged to the student accordingly.
6. Candidates who remain absent continuously for a period of one week without permission are liable for disciplinary action.
7. All the students should wear the identity Badges / APRONS during the College working hours.
8. Parent-teacher meeting will be held at the time of admission and after every internal Assessment Examinations All the parents should attend the meeting without fail.
9. Parents should inform the Principal regarding any change of Residential Address / Telephone No.

DECLARATION

1. I will strictly abide by the rules & regulations currently in force and those to be laid down and modified in future. I am liable for disciplinary action for violating any of the rules.
2. I will strictly abide to pay the tuition fee or any other fees fixed by the Government / College on or before the due date. If not paid on due date I will be willing to pay the late fee prescribed by the Principal.
3. If I am using college bus facility I will pay the bus fee on due date. If not paid on due date, I will not avail the bus facility.
4. If I stay in the hostel I shall pay the hostel fees on due date. If not paid on due date I will be willing to pay the late fees as prescribed by the Principal. I shall follow all the rules / regulations prescribed for Hostel students from time to time.
5. In case if I leave / discontinue the course before the stipulated period, I am aware that I have to pay the fees for the remaining years of the course / entire course fee.
6. I am aware that if I do not put up the required Minimum Attendance 80% in Theory and 80% in Practicals / Clinicals & Marks minimum of 50% in the Internal Assessment Examinations as prescribed by the University, I shall not be allowed to appear for the University Examinations.
7. I shall wear only dress as per the dress code of the College

K. Pavithra

Signature of Student

Name : K. PAVITHRA

[Signature]

Signature of Parent / Guardian

Name : K. SARAHAR

ANNEXURE - I
AFFIDAVIT BY THE STUDENT

- 1) I, am kammasi Pavithra (full name of student with admission / registration / enrolment number) S/o, D/o of Mr./ Mrs./ Ms. kammasi Srihari having been admitted to MNR college (name of the institution) have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have, also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly declare and undertake that
a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this 09 day of Dec month of 2022 year.

K. Pavithra
Signature of deponent
Name : K. PAVITHRA

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or mis stated therein.

Verified at sangareddy (place) on this the 09 (day) of Friday (month) Dec (year) 2022

K. Pavithra
Signature of deponent

Solemnly affirmed and signed in my presence on Friday (day) of Dec (month) 2022 (year) after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE - II
AFFIDAVIT BY PARENT / GUARDIAN

1. I, Mr./Mrs./Ms. Kammari Pavithra (full name of parent / Guardian) Father / Mother / Guardian of Kammari Srihari (full Name of student with admission / registration / enrolment number) having been admitted to _____ have received a copy of the **UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009**, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he / she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this Friday day of Dec month of 2022 year.
09

K. Pavithra
Signature of deponent
Name : K. PAVITHRA
Address : Panchalingal

Telephone / Mobile No. 9014544208
9989495380

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at Sangareddy (place) on this the 09 (day) of Dec (month) Dec (year) 2022
Friday

K. Pavithra
Signature of deponent

Solemnly affirmed and signed in my presence on this the 09 Friday (day) of Dec (month) 2022 (year) after reading the contents of this affidavit.

OATH COMMISSIONER



MNR COLLEGE OF PHARMACY

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NOTICE

All the candidates seeking admission at MNR College of Pharmacy, Sangareddy District are instructed to submit the following certificates, photos, and fee receipts before admission into the college along with the application form :

LIST OF ORIGINAL CERTIFICATES:

1. Secondary School Certificate
 2. Intermediate Pass Certificate - cum - Memo of marks
 3. Transfer Certificate.
 4. Bonafide & Conduct Certificate.
 5. EAMCET - Hall Ticket
 6. Army/Ex. Army Service Certificate / NCC Certificate / Sports & Games Certificate.
 7. Parent's Occupation and Annual Income Certificate.
 8. 5 Passport size Photographs and 2 stamp size photos-all must be same as affixed on EAMCET Hall Ticket.
 9. Declarations by the candidate and parent
 10. Receipts of payment of fees in Accounts section. (OU Registration fee to be paid if not paid at the time of counselling)
- Note: All students have to pay the entire fee as prescribed in the regulations
11. Affidavit by the candidate and parent
 12. Migration Certificate - For other state students.

STUDENTS CLAIMED RESERVATION UNDER BC / SC / ST / EBC / MINORITY

13. Caste Certificate from Tahsildhar (MRO)
14. BC / SC / ST Scholarship certificate from H.M. / Principal of the institution last studied.
15. In the case of inter caste marriage, reconversion caste certificate of candidate and parent from Tahsildhar (MRO) of the area concerned along with documents.

Note: The candidates are advised to have sufficient number of Xerox copies of certificates for the future needs as the originals will be given only after completion of course.



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STUDENT DECLARATION FOR HOSTEL ADMISSION

I, am K. Pavithra D/S/o. K. Srihari student of B-Pharmacy

course of MNR College of Pharmacy do hereby agree to abide by the following rules and regulations stipulated by the College for Hostel inmates :-

1. I shall maintain good relation with my fellow students. I realize the misdemeanor or sexual harassment towards them or ragging in a physical or mental nature to the new entrants in the college, and in the hostels is punishable under Law and also with summarily discharge from the college.
2. I shall maintain Dress code of the campus and wear uniform dress to the college
3. I shall maintain the required attendance i.e. 80% in theory and 80% in practical classes and other requirements of university.
4. I shall pay the college fee and other fee regularly in time. In case if I leave the course before the stipulated period, I shall pay the fee for the remaining years of study.
5. My privilege to admission to college hostel is valid only after payment of the hostel fee and approval of hostel admission by the Principal.
6. If I am a boarder I shall pay the annual hostel fee either in full or in installments, as decided and revised by the management.
7. I shall not accommodate any other person including my parents, friends or other relative in my room.
8. I shall not use Radio-Transistor, TV in my room or in hostel premises during the course of study and disturb others.
9. I shall not use / consume intoxicating drinks (Alcohol) or drugs in the hostel premises during the course of study and cause trouble to others.
10. I shall use the college and hostel property carefully and I shall compensate for any damages caused by me due to negligence or carelessness on my part.
11. I shall maintain the dignity and decorum of the institution.
12. I shall vacate the hostel immediately after the close of my permitted period.
13. I also hereby declare that I will not participate in formation of students union and strikes. If I violate the rules and regulations framed by the College authorities. I will abide by the disciplinary action taken against me by the disciplinary committee of the College.
14. I declare that I shall take permission to leave the campus or the hostel. If I am day boarder I shall inform the concerned authorities the reason for absence to the teaching programs conducted by departments of the college.

Further, I will abide by the rules and regulation laid down or to be laid down hereafter by the Principal for due maintenance of discipline at the said college and hostels.

Plai-
Signature of the Parent.

Name: K. SRIHARI

Residential Address (V), PANCHALINGAL

Sm. Margally RD U. Karimnagar

Phone No. : 99894453 (R) _____ (O) _____ (M) _____

K. Pavithra
Signature of the Candidate

Name: K. PAYITHRA



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Application No.	02
Registration No.	02
Admission No.	Phd/22/02
Date of Admission	05/12/22



Application for Admission to 1st Year PHARM-D Cou

For the Academic Year: 2022-2023

Name of the student (in full / Block Letters) : BAIKADI MEGHANA

Aadhar No. : 7440 9294 3781

Father / Guardian's Name : BAIKADI BALAKRISHNA

Aadhar No. : 4507 1207 6121

Mother's Name : BAIKADI SHASHI KALA

Aadhar No. : 5817 2801 1037

Gender :

Male	<input checked="" type="checkbox"/> Female
------	--

Date of Birth & Place of Birth :

d	d	m	m	y	y	y	y
2	1	0	5	2	0	0	4

Age & Blood Group : 18 / 'O'

Nationality : INDIAN Caste

SC	ST	<input checked="" type="checkbox"/> BC	Others
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Mother Tongue : TELUUGU

Email ID (Student) : b.meghana patel@gmail.com

Email ID (Father) : b.balakrishn@gmail.com

Occupation & Income of Father/Guardian: PRIVATE EMPLOYEE

Permanent Address of Father / Guardian : 5-159/2, M.G. ROAD, PATANCHERU
SANGAREDDY DIST, T-S

Mobile No. : 9391312782, 8919683005

Ph. No.(with STD Code) : _____ Pin Code 502319

Educational Qualifications:

Course	Medium of Instruction	School/ College	Year of Passing	Board/ University
Secondary High School SSC/ its equivalent	ENGLISH	VIDYANIKETHAN HIGH SCHOOL	2019	Board of Secondary Education
Higher Secondary School 10+2/ its equivalent	ENGLISH	SRI GAYATRI JUNIOR COLLEGE	2021	T.S board of Intermediate
Degree (if any)				

Marks obtained in the qualifying examination: (10 + 2 or equivalent)

Subject	Max. Marks		Marks Scored		Percentage	
	I Year	II Year	I Year	II Year	I Year	II Year
English	100	100	90	90	90%	90%
Physics	60	60+30	52	82	87%	91%
Chemistry	60	60+30	45	75	75%	98%
Botany / Maths-1	60	60+30	58	88	96%	98%
Zoology / Maths-2	60	60+30	50	80	83%	88%
Total						

Marks obtained in D. Pharm: (if applicable)

Subject	Max. Marks	Marks Scored	Percentage
I Year			
II Year			
Total			

Declaration by the Candidate

I, BAIKADI MEGHANA declare that the information given above is true to the best of my knowledge. My admission is liable to be cancelled if any of the above said information is false, I also undertake to abide by the rules and regulations as laid down by the management of MNR College of Pharmacy.

Place : PATANCHERU

Date : 23/12/22

Meghana
Signature of the Candidate

MNR COLLEGE OF PHARMACY

MNR Nagar, Sangareddy - 502 294

DECLARATION


I, BAIKADI MEGHANA S/D/o BAIKADI BALAKRISHNA

admitted into PHARM-D course in the year 2022-23 at

MNR College of Pharmacy, Sangareddy do hereby agree to pay my annual tuition fee on or before the dates mentioned below :-

2 nd Year Tution Fee	10 th September 2023
3 rd Year Tution Fee	10 th September 2024
4 th Year Tution Fee	10 th September 2025
5 th Year Tution Fee	10 th September 2026
6 th Year Tution Fee	10 th September 2027

I further promise to strictly adhere to the fee payment schedule mentioned above irrespective of my exam schedule, exam results and any other unforeseen incidences.



Student's Signature



Parent's Signature

Name : BAIKADI MEGHANA

Name : BAIKADI BALAKRISHNA

Date : 23/12/22

Date : 23/12/22



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DECLARATION BY SC/ST/BC/EBC/ MINORITY STUDENTS

I, BAIKADI MEGHANA
S/o., D/o. BAIKADI BALAKRISHNA admitted to
PHARM-D course at MNR College of Pharmacy, do hereby solemnly affirm
and sincerely declare that I belong to Scheduled caste / Scheduled Tribe / BC / Minority /
Sub caste MUNNURU KAPU (BC-D) Sl.No. 20 and the
caste / community certificate. No. CND021917829438 Dt. 26/09/2019
issued by M.R.O. of PATANCHERU Mandal
SANGAREDDY District of T.S. is genuine.

I am eligible for the SC/ST/BC/Minority scholarship to be sanctioned by the Government of T.S. In the event of non sanction of scholarship or insufficient sanction of the scholarship from the Government of T.S. within one year from the date of my admission and within one year from starting of subsequent academic year, I assure that I shall pay the prescribed fee to the college on my own.

In case I fail to pay the prescribed fee to the college my admission may be cancelled at any state without any notice by the Principal/Management.

Date: 23/12/22

Meghana
Signature of the student

I B. BALAKRISHNA parent / guardian of BAIKADI MEGHANA
agree with the above declaration.

Date: 23/12/22

B. BALAKRISHNA
Signature of the Parent/Guardian

Name: B. BALAKRISHNA



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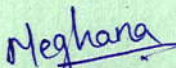
E-mail: p.mnrcop@mnrindia.org, Website: www.mnrindia.org

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3. Participation in Union election / strikes are strictly banned.
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5. In case if I leave / discontinue the course before the stipulated period, I am aware that I have to pay the fees for the remaining years of the course / entire course fee.
6. I am aware that if I do not put up the required Minimum Attendance 80% in Theory and 80% in Practicals / Clinicals & Marks minimum of 50% in the Internal Assessment Examinations as prescribed by the University, I shall not be allowed to appear for the University Examinations.
7. I shall wear only dress as per the dress code of the College


Signature of Student

Name : B. MEGHANA


Signature of Parent / Guardian

Name : B. BALA KRISHNA

ANNEXURE - I
AFFIDAVIT BY THE STUDENT

- 1) I, BAIKADI MEGHANA (full name of student with admission / registration / enrolment number) S/o, D/o of Mr./ Mrs./ Ms. BAIKADI BALAKRISHNA having been admitted to MNR COLLEGE OF PHARMACY (name of the institution) have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have, also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly declare and undertake that
a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this 23 day of 12 month of 2022 year.

Meghana
Signature of deponent
Name : BAIKADI MEGHANA

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or mis stated therein..

Verified at _____ (place) on this the 23 (day) of 12 (month) 20 (year) 22

Meghana
Signature of deponent

Solemnly affirmed and signed in my presence on 23 (day) of 12 (month) 2022 (year) after reading the contents of this affidavit.

OATH COMMISSIONER

1. I, Mr./Mrs./Ms. BAIKADI BALAKRISHNA (full name of parent / Guardian) Father / Mother / Guardian of BAIKADI MEGHANA (full Name of student with admission / registration / enrolment number) having been admitted to _____ have received a copy of the **UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009**, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he / she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Telephone / Mobile No.

Solemnly affirmed and signed in my presence on this the _____ (day) of _____
(month) _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER



MNR COLLEGE OF PHARMACY

(Approved by PCI, New Delhi & Affiliated to Osmania University, Hyderabad)

MNR Nagar, (V) Fasalwadi, Sangareddy - 502294 (T.S.)

Phones : 230690, Fax: 08455 - 230533, 230555

E-mail: p.mnrcop@mnrindia.org, Website: www.mnrindia.org

NOTICE

All the candidates seeking admission at MNR College of Pharmacy, Sangareddy are instructed to submit the following certificates, photos, and fee receipts before admission into the college along with the application form :

LIST OF ORIGINAL CERTIFICATES:

1. Secondary School Certificate
 2. Intermediate Pass Certificate - cum - Memo of marks
 3. Transfer Certificate.
 4. Bonafide & Conduct Certificate.
 5. EAMCET - Hall Ticket
 6. Army/Ex. Army Service Certificate / NCC Certificate / Sports & Games Certificate.
 7. Parent's Occupation and Annual Income Certificate.
 8. 5 Passport size Photographs and 2 stamp size photos-all must be same as affixed on EAMCET Hall Ticket.
 9. Declarations by the candidate and parent
 10. Receipts of payment of fees in Accounts section. (OU Registration fee to be paid if not paid at the time of counselling)
- Note: All students have to pay the entire fee as prescribed in the regulations
11. Affidavit by the candidate and parent
 12. Migration Certificate - For other state students.

STUDENTS CLAIMED RESERVATION UNDER BC / SC / ST / EBC / MINORITY

13. Caste Certificate from Tahsildhar (MRO)
14. BC / SC / ST Scholarship certificate from H.M. / Principal of the institution last studied.
15. In the case of inter caste marriage, reconversion caste certificate of candidate and parent from Tahsildhar (MRO) of the area concerned along with documents.

Note: The candidates are advised to have sufficient number of Xerox copies of certificates for the future needs as the originals will be given only after completion of course.



MNR COLLEGE OF PHARMACY

(Approved by PCI, New Delhi & Affiliated to Osmania University, Hyderabad)

MNR Nagar, (V) Fasalwadi, Sangareddy - 502294 (T.S.)

Phones : 230690, Fax: 08455 - 230533, 230555

E-mail: p.mnrcop@mnrindia.org, Website: www.mnrindia.org

STUDENT DECLARATION FOR HOSTEL ADMISSION

I, _____ D/S/o. _____ student of _____
course of MNR College of Pharmacy do hereby agree to abide by the following rules and regulations stipulated by the College for Hostel inmates :-

1. I shall maintain good relation with my fellow students. I realize the misdemeanor or sexual harassment towards them or ragging in a physical or mental nature to the new entrants in the college, and in the hostels is punishable under Law and also with summarily discharge from the college.
2. I shall maintain Dress code of the campus and wear uniform dress to the college.
3. I shall maintain the required attendance i.e. 80% in theory and 80% in practical classes and other requirements of university.
4. I shall pay the college fee and other fee regularly in time. In case if I leave the course before the stipulated period, I shall pay the fee for the remaining years of study.
5. My privilege to admission to college hostel is valid only after payment of the hostel fee and approval of hostel admission by the Principal.
6. If I am a boarder I shall pay the annual hostel fee either in full or in installments, as decided and revised by the management.
7. I shall not accommodate any other person including my parents, friends or other relative in my room.
8. I shall not use Radio-Transistor, TV in my room or in hostel premises during the course of study and disturb others.
9. I shall not use / consume intoxicating drinks (Alcohol) or drugs in the hostel premises during the course of study and cause trouble to others.
10. I shall use the college and hostel property carefully and I shall compensate for any damages caused by me due to negligence or carelessness on my part.
11. I shall maintain the dignity and decorum of the institution.
12. I shall vacate the hostel immediately after the close of my permitted period.
13. I also hereby declare that I will not participate in formation of students union and strikes. If I violate the rules and regulations framed by the College authorities. I will abide by the disciplinary action taken against me by the disciplinary committee of the College.
14. I declare that I shall take permission to leave the campus or the hostel. If I am day boarder I shall inform the concerned authorities the reason for absence to the teaching programs conducted by departments of the college.

Further, I will abide by the rules and regulation laid down or to be laid down hereafter by the Principal for due maintenance of discipline at the said college and hostels.

Signature of the Parent.

Signature of the Candidate

Name:

Name:

Residential Address:

Phone No. : _____ (R) _____ (O) _____ (M) _____



MNR COLLEGE OF PHARMACY

(Approved by AICTE, PCI, New Delhi & Affiliated to Osmania University, Hyderabad)
MNR Nagar, (V) Fasalwadi, Sangareddy - 502294 (T.S.)

Phones : 230690, Fax: 08455 - 230533, 230555

E-mail: p.mnrcop@mnrindia.org, Website: www.mnrindia.org

Application Number:

007.

Application form for Admission into 1st Year M. Pharmacy Course

Specialization: Pharmacology

The candidate is advised to read the prospectus carefully before filling the application form

1. Particulars of the Student:

Name of the Student (capital letters): YENAGANDIA POOJITHA



Date of Birth	Mother Tongue	Nationality	Religion	Blood Group	Sex M/F
01/03/2000	Telugu.	Indian	Hindu	O+ve	Female.

2. Particulars of the Parent / Guardian:

Permanent Address with Pincode	Phone No. with STD code & Mobile No
Subhash Nagar Colony H-No 1-43. Tinnaram (vill, mandal) Sangareddy. 502319.	9985376367.

Name of the	Parent's Address for communication	Guardian Address for communication
Father: <u>Y. Venkatesh Goud.</u> Mother: <u>Y. Rajamani</u>	Subhash Nagar Colony Tinnaram (vill, Mandal) 502319.	
Qualification	illiterate	
Occupation with Office Address	House wife.	
Income (Per annum)	1, 30, 000	

3. A. Particulars of qualifying exam (State from X Std to B.Pharm):

Name of the Exam	Board / University	Month & Year of Passing	Hall Ticket Number	Name of the Institution	Overall Percentage	Division Secured
SSC	Telangana state	2016	1628120539	St. Don Bosco High School	90 %	1 st
Intermediate (10 + 2)	Telangana state	2018	185922568	Sri Gayatri Junior College	80 %	1 st
B.Pharm	OU	2022	636318881013	Arya college of pharmacy	79.2 %	1 st

3 B. Have you qualified GPAT or any other equivalent exam: YES / NO

If YES, furnish the following details

Name of the exam	Year of Passing	Hall Ticket No.	Percentile/ Marks Secured	Rank Secured
GPAT/ Other equivalent exam				
PGCET	2022	9303180416	75.9%	1311

4. Total experience after B.Pharm:

(Enclose copy of experience certificate and relieving order from the organisation last served)

Total experience in Years	Industrial	Teaching	Clinical	Others specify

5 Whether the Candidate belongs to SC/ST/BC/OC Community specify and enclose relevant Certificates

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC(EBC)	Any other
			✓					

6. Whether the Candidate is eligible under any of the following Categories, if so, specify and enclose relevant certificates.

NCC / NSS	Games/ Sports	Children of Ex-servicemen	Physically challenged

7. University to which the Candidate is local:

OU	KU	Non - local
✓		

8. Declaration of the Candidate:

I, Y. Poojitha son / daughter of Y. Rajamani hereby declare that the particulars given above are true and I promise to abide by the rules and regulations of the institution.


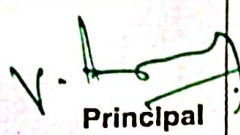
Candidate Signature

9. Declaration of the Parent / Guardian:

I, Y. Rajamani promise to pay all the fee and the deposits due to my ward. I shall also be responsible for his / her good conduct and I will withdraw him / her from the college if the authorities feel his / her progress or conduct is not satisfactory.

Y. Rajamani
Parent's Signature

10. For office use only:

 Scrutinizer	ADMITTED/ REJECTED ADMISSION No:..... <u>mpc/22/07</u>	 Principal PRINCIPAL
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ANNEXURE -1
UNDERTAKING [PARENTS]-1

I. Yenagandla Rajamani F/O. ☒ M/O Yenagandla Pojitha

(Who is admitted in to 1st Year M.Pharm Course at MNR College of Pharmacy, Sangareddy for the academic year 2022-2023) do hereby undertake that my Son / Daughter will not indulge in Ragging in the College premises throughout his/her course and if he/she indulges in Ragging, we are fully aware that he/she is punishable under the Act. No.26, the Andhra Pradesh / Telangana State Prohibition of Ragging Act, 1997.

Date: 19/11/2022

Y. రామణి
{Signature of the Parent/ Guardian}

Y. Pojitha
{Signature of the Student}

ANNEXURE -1
UNDERTAKING [PARENTS]-2

I Mr./Miss YENAGANDLA POJITHA, studying in the M.Pharm (2022) 1st Year is aware that ragging of the students in any form, inside or outside the college premises is an punishable offence by law (under the sections of Indian Penal Code). I hereby accept to oblige all the rules and regulations implemented by the Government of India / Telangana State College management and or any other competent authorities for prohibition of ragging. I also hereby accept to take any action including legal action against me if I am found to be involved in the ragging at any point of my studies in this college.

Yours truly,

Y. రామణి
Signature of Parent

Name: Yenagandla Rajamani

Residential Address: Subhash Nagar Colony
Tinnaram (Vill, Mandal)
Sangareddy 502319

Phone: 9160893359

Mobile: _____

Y. Pojitha
Signature of Student

Name: Yenagandla Pojitha

Hall Ticket No: 626318881017

M.Pharm. 1st Year,

MNR College of Pharmacy, Fasalwadi, Sangareddy

ANNEXURE - III UNDERTAKING [PARENTS]-3

Yenagandla Rajamani F/O. M/O Yenagandla Pooji'ha.

(Who is admitted in to 1st Year M.Pharm Course at MNR College of Pharmacy, Sangareddy do hereby undertake that my Son/Daughter will continue the studies in this college till the completion of the course.

If my Son/Daughter does not have the required attendance(75%) he/she may be detained from annual examination. He/She will again attend the same class to get the required percentage of attendance(75%) as per the University norms.

In any case if he/she is not able to continue the course, I assure you that I will pay the remaining year fee also before taking certificates & T.C from this college (For example student in 1st year, discontinue the course he/she will pay the 2nd year fees).

I also declare that whenever the college authority (Principal/Management) ask me to attend the Parents meeting I will come and attend without fail. Failure of which I will meet the Principal within 1 week time. Otherwise you need not allow my ward to attend classes till I meet the Principal

Y. రాజమణి

{Signature of the Parent/ Guardian}

Y. Pooji'ha

{Signature of the Student}

Name : Yenagandla Rajamani

Name : Yenagandla Pooji'ha

Address with Phone Number : House : 1-43 Subhash Nagar
Colony, Finneram (vill Semand),
Sangareddy, 502319.

Batch :

Pin: 502319.

Phone: (L) _____

(M) 9160893359.

ANNEXURE - IV
UNDERTAKING [Scholarship] - 4

I, YENAGANDLA RATAMANI F/O. M/O YENAGANDLA POOTITHA.

Applied for admission into the M. Pharmacy Course in MNR College of Pharmacy, Fasalwadi, Sangareddy District do hereby solemnly affirm and sincerely declare that

I belong to [BC / SC / ST / EBC / BC - E (Moinarity)] Cast Cond-4 (BCB) Group
Sl.No. 4 The caste / Community Certificate No. CND021812696611 Dated
25/05/2018 issued by Mandal revenue Officer of Jinnaram Mandal
Sangareddy. District of AP/TS is genuine.

I am eligible for the Student Scholarship to be sanctioned by the Government (Concerned Department).

In the event of non sanction of the scholarship or insufficient sanction of the scholarship from the above mentioned agencies, I assure that / shall pay the prescribed fee to the college. In case, if I fail to pay the prescribed fee to the college my admission may be cancelled at any stage without any notice by the Principal / Management. I also assure that I shall abide to the "Rules and Regulations" of the college and I don't participate in strikes or in any antisocial activities.

Date: 19/1/22

Y. Poojitha.
(Signature of the Student)

I, Y. Rajamani Parent / Guardian of Y. Poojitha Agree with the above declaration.

Date:

Y. Poojitha
(Signature of the Parent/Guardian)

ANNEXURE - V
UNDERTAKING [Scholarship] - 5

I Mr/Ms. Y. Poojitha. F/O Mr/Ms. Y. Rajamani
Studying M.Pharmacy 1st year in "MNR College of Pharmacy", Fasalwadi, Sangareddy do hereby solemnly declare that

- 1) I belongs to BC-B Caste / Category.
- 2) My profession is _____.
- 3) My total annual income from all the sources is Rs. 1,30,000.

In case the above furnsished information is found to be wrong I am liable for any suitable action (Civil & Criminal) by the Government of Andhra Pradesh / Telangana State concerned department which has sanctioned scholarship to my ward. I also affirm that I shall return the entire scholarship amount with penalty to the concerned department if it is found that my actual annual income exceeds the declared income Rs.

1,30,000/-

(Rupees One Lakh Thirty thousand Only)

Date 19/1/22

Y. Poojitha.
{Signature of the Student}

Name : YENAGANDLA POOTITHA

Y. Poojitha
{Signature of the Parent}

Name : YENAGANDLA RATAMANI

Address : Subhash nagar colony
Jinnaram (vill, M)
Sangareddy.

Institution :

MNR COLLEGE OF PHARMACY
Fasalwadi, Sangareddy-502 293,
Telangana, Ph: 08455-233333.

STUDENT DECLARATION

I, Yenagandla Rajitha D/O/ or S/O Sri Yenagandla Rajamani the undersigned, student of M. pharmacy do hereby agree and confirm with the rules and regulations stipulated by the MNR Educational Trust, for the College and Hostel. Further, I will abide by the rules and regulation laid down or to be laid down hereafter by the principal for due maintenance of discipline at the said college and hostels. I shall compensate for the damages to the furniture, apparatus or other things which may have been caused by me due to carelessness or negligence on my part.

I also declare that I shall maintain good association with my fellow students. I realize that Misdemeanor or sexual harassment towards them or ragging in a physical or mental nature to the new entrants in the college, and in the hostels is punishable under Law and also with summarily discharge from the college.

I shall abide by the dress code of the campus and wear formal dress to the college (for boys - trousers, Half or full sleeve shirt, shoes - for girls - Formal Indian dress. No jeans are allowed.)

I hereby declare and promise that if I stay in the hostel I will abide by all the disciplinary rules and regulations stipulated from time to time by the management, if I violate or disobey any of the regulations stipulated I am liable for summarily dismissal at the very next moment of such act or misbehavior, from the hostel as well as from the college., I further promise that I will not accommodate any other persons including my parents, friends or their relative in my room.

I will vacate my hostel accommodation at the close of my stipulated period. I will keep my premises clean and will not destroy hostel property. I will not use Radio, Transistor, T.V. In my room or in hostel premises, which will disturb others. I will not use / consume intoxicating drinks (Alcohol) or drugs in the hostel premises during the course of study and cause trouble to others.

I also hereby declare that I will not participate in formation of Students Union and strikes. If I violate the rules & regulations framed by the College authorities, I will abide by the disciplinary action taken against me by the disciplinary committee of the College.

I hereby promise that I will pay the college fee and other fee regularly. In case if I leave the course before the stipulated period, I shall be paying the fee for the remaining years of study.

I declare that I shall take permission to leave the campus of the hostel. If I am day boarder I shall inform the concerned authorities the reason for absence to the teaching programs conducted by departments of the college.

I am aware of the rules and regulations of the University pertaining to attendance requirement. I.e. 75% in theory and 75% in practical classes. Further I am also aware that to be eligible to appear in University examination. I will attend all the classes regularly and appear all the examination conducted by the departments, college and University.

Y. Venkatesh
Signature of the Parent

Y. Rajitha
Signature of the Candidate

Name: Yenagandla Rajamani

Name: Yenagandla Rajitha

Residential Address:

Timmaram (village and Mandal) Sangareddy (dist)

Phone No: _____ (R) _____ (O) _____ (M) 9985376367



MNR COLLEGE OF PHARMACY

(Approved by PCI, New Delhi & Affiliated to Osmania University, Hyderabad)

MNR Nagar, (V) Fasalwadi, Sangareddy - 502294 (T.S.)

Phones : 230690, Fax: 08455 - 230533, 230555

E-mail: p.mnrcop@mnrrindia.org, Website: www.mnrrindia.org

Application Number:

Application form for Admission into 1st Year Pharm D (Post Baccalaureate)

The candidate is advised to read the prospectus carefully before filling the application form

1. Particulars of the Student:

Name of the Student (capital letters): SK ASADUZZAMAN.

7946 887 6 8588



Date of Birth	Mother Tongue	Nationality	Religion	Blood Group	Sex M/F
24.03.2001	Bengali	Indian	Islam	AB ⁺	M

2. Particulars of the Parent / Guardian:

Permanent Address with Pincode	Phone No. with STD code & Mobile No
Vill- Taraposh, P.O- Amila, P.S- Khandaghoash, Pin- 713423, Dist- Purba bardhaman, West Bengal.	6295714257 7384929828

Name of the Father:	Parent's Address for communication	Guardian Address for communication
SK SAMSUZZAMAN	Taraposh, Amila, Khandaghoash, 713423, Purba bardhaman, West Bengal.	
Aadhar No. : 762 0764 1789		
Mother: SORIFA BEGUM		
Aadhar No. : 9951 6731 8252		
Qualification		
Occupation with Office Address	PH. Teacher	
Email ID : <u>skasaduzzaman203@gmail.com.</u>		

3. A. Particulars of qualifying exam (State from X Std to B. Pharm):

Name of the Exam	Board / University	Month & Year of Passing	Hall Ticket Number	Name of the Institution	Overall Percentage	Division Secured
SSC	WBBSE	2016	0326	Mohampur Nuhati S.R.S vidyalaya	68.9%	1 st
Intermediate (10+2)	WBCHSE	2018	1240	Saranga High School	64.0%	1 st
B.Pharm	Osmania Univ.	2022	63611881090	MNR COP	Grade 7.17	1 st

3 B. Have you qualified GPAT or any other equivalent exam: YES / NO

if YES, furnish the following details

Name of the exam	Year of Passing	Hall Ticket No.	Percentile/ Marks Secured	Rank Secured
GPAT/ Other equivalent exam				
PGCET				

4. Total experience after B.Pharm:

(Enclose copy of experience certificate and relieving order from the organisation last served)

Total experience in Years	Industrial	Teaching	Clinical	Others specify

5. Whether the Candidate belongs to SC/ ST/ BC/ OC Community specify and enclose relevant Certificates

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC(EBC)	Any other

6. Whether the Candidate is eligible under any of the following Categories, if so, specify and enclose relevant certificates.

NCC / NSS	Games/ Sports	Children of Ex-servicemen	Physically challenged

7. University to which the Candidate is local:

OU	KU	Non.- local

8. Declaration of the Candidate:

I, SK Asaduzzaman son / daughter of SK Samsuzzaman hereby declare that the particulars given above are true and I promise to abide by the rules and regulations of the institution.



SK Asaduzzaman
Candidate Signature

9. Declaration of the Parent / Guardian:

I, SK Samsuzzaman promise to pay all the fee and the deposits due to my ward. I shall also be responsible for his / her good conduct and I will withdraw him / her from the college if the authorities feel his / her progress or conduct is not satisfactory.

SK Samsuzzaman
Parent's Signature

10. For office use only:

 Scrutinizer	ADMITTED/ REJECTED ADMISSION No: <u>190662105</u>	 Principal
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MNR COLLEGE OF PHARMACY

MNR Nagar, Sangareddy - 502 294

DECLARATION

I, SK Asaduzzaman S/D/o SK Samsuzzaman.

admitted into Pharm D (P.B) course in the year 2022 at

MNR College of Pharmacy, Sangareddy do hereby agree to pay my annual tuition fee on or before the dates mentioned below :-

2 nd Year Tution Fee	10 th September 2023
3 rd Year Tution Fee	10 th September 2024

I further promise to strictly adhere to the fee payment schedule mentioned above irrespective of my exam schedule, exam results and any other unforeseen incidences.

SK Asaduzzaman,

Student's Signature

SK Samsuzzaman,

Parent's Signature

Name : SK ASADUZZAMAN

Date : 13.01.2023

Name : SK SAMSUZZAMAN.

Date : 13.01.2023.

ANNEXURE -1
UNDERTAKING [PARENTS]-1

I, SK Samsuzzaman F/O. M/O SK Asaduzzaman.

(Who is admitted in to 1st Year ^{P.B} ~~M.Pharm~~ Course at MNR College of Pharmacy, Sangareddy for the academic year 2022) do hereby undertake that my Son / Daughter will not indulge in Ragging in the College premises throughout his/her course and if he/she indulges in Ragging, we are fully aware that he/she is punishable under the Act. No.26, the Andhra Pradesh / Telangana State Prohibition of Ragging Act, 1997.

Date : 13.01.2023

SK Samsuzzaman
{Signature of the Parent/ Guardian}

SK Asaduzzaman
{Signature of the Student}

ANNEXURE -1
UNDERTAKING [PARENTS]-2

I Mr./Miss SK Asaduzzaman ^{P.B}, studying in the ~~M.Pharm~~ 2022 Year is aware that ragging of the students in any form, inside or outside the college premises is an punishable offence by law (under the sections of Indian Penal Code). I hereby accept to oblige all the rules and regulations implemented by the Government of India / Telangana State College management and or any other competent authorities for prohibition of ragging. I also hereby accept to take any action including legal action against me if I am found to be involved in the ragging at any point of my studies in this college.

Yours truly,

SK Samsuzzaman.

Signature of Parent

SK Asaduzzaman.

Signature of Student

Name : SK Samsuzzaman.

Name : SK Asaduzzaman.

Residential Address : Taraposh,
Purba Bardhaman.
73423, West Bengal

Hall Ticket No : _____

Phone : 7384929828

M.Pharm. _____ Year,

Mobile : _____

MNR College of Pharmacy, Fasalwadi, Sangareddy

ANNEXURE - III UNDERTAKING [PARENTS]-3

I. SK Samsuzzaman F/O. M/O SK Asaduzzaman

(Who is admitted in to 1st Year M.Pharm Course at MNR College of Pharmacy, Sangareddy do hereby undertake that my Son/Daughter will continue the studies in this college till the completion of the course.

If my Son/Daughter does not have the required attendance(80%) he/she may be detained from annual examination. He/She will again attend the same class to get the required percentage of attendance(80%) as per the University norms.

In any case if he/she is not able to continue the course, I assure you that I will pay the remaining year fee also before taking certificates & T.C from this college (For example student in 1st year, discontinue the course he/she will pay the 2nd year fees).

I also declare that whenever the college authority (Principal/Management) ask me to attend the Parents meeting I will come and attend without fail. Failure of which I will meet the Principal within 1 week time. Otherwise you need not allow my ward to attend classes till I meet the Principal

SK Samsuzzaman
{Signature of the Parent/ Guardian}

Name : SK Samsuzzaman

Address with Phone Number : Taraposh, Khandaghoosh,
Purba Bardhaman,
713423, West Bengal

Pin: 713423

Phone: (L) 7384929828

(M) _____

SK Asaduzzaman
{Signature of the Student}

Name : SK Asaduzzaman

Batch : 2022

ANNEXURE - IV
UNDERTAKING [Scholarship] - 4

I, SK Samsuzzaman F/O. M/O SK Asaduzzaman

Applied for admission into the M. Pharmacy Course in MNR College of Pharmacy, Fasalwadi, Sangareddy District do hereby solemnly affirm and sincerely declare that

I belong to [BC / SC/ ST/ EBC / BC - E (Moinarity)] Cast OBC Group
Sl.No. _____ The caste / Community Certificate No. _____ Dated _____
issued by Mandal revenue Officer of _____ Mandal
District of AP/TS is genuine.

I am eligible for the NSP Scholarship to be sanctioned by the Government (Concerned Department).

In the event of non sanction of the scholarship or insufficient sanction of the scholarship from the above mentioned agencies, I assure that / shall pay the prescribed fee to the college. In case, if I fail to pay the prescribed fee to the college my admission may be cancelled at any stage without any notice by the Principal / Management. I also assure that I shall abide to the "Rules and Regulations" of the college and I don't participate in strikes or in any antisocial activities.

Date: 13.01.2023

SK Asaduzzaman.
(Signature of the Student)

I, SK Samsuzzaman Parent / Guardian of SK Asaduzzaman. Agree with the above declaration.

Date: 13.01.2023

SK Samsuzzaman.
(Signature of the Parent/Guardian)

ANNEXURE - V
UNDERTAKING [Scholarship] - 5

I Mr/Ms. SK Samsuzzaman F/O Mr/Ms. SK Asaduzzaman
Studying M.Pharmacy 2022 year in "MNR College of Pharmacy", Fasalwadi, Sangareddy do hereby solemnly declare that

- 1) I belongs to OBC-A Caste / Category.
- 2) My profession is Teacher.
- 3) My total annual income from all the sources is Rs. 6,00,000.

In case the above furnished information is found to be wrong I am liable for any suitable action (Civil & Criminal) by the Government of Andhra Pradesh / Telangana State concerned department which has sanctioned scholarship to my ward. I also affirm that I shall return the entire scholarship amount with penalty to the concerned department if it is found that my actual annual income exceeds the declared income Rs.

(Rupees _____ Only)

Date

SK Asaduzzaman.
{Signature of the Student}

SK Samsuzzaman
{Signature of the Parent}

Name : SK Asaduzzaman

Name : SK Samsuzzaman

Address :

Institution :

MNR COLLEGE OF PHARMACY
Fasalwadi, Sangareddy-502
Telangana, Ph: 08455-233333.

STUDENT DECLARATION

I, SK Asaduzzaman D/O/ or S/O Sri SK Samsuzzaman the undersigned, student of MNR COP do here by agree and confirm with the rules and regulations stipulated by the MNR Educational Trust, for the College and Hostel. Further, I will abide by the rules and regulation laid down or to be laid down hereafter by the principal for due maintenance of discipline at the said college and hostels. I shall compensate for the damages to the furniture, apparatus or other things which may have been caused by me due to carelessness or negligence on my part.

I also declare that I shall maintain good association with my fellow students. I realize that Misdemeanor or sexual harassment towards them or ragging in a physical or mental nature to the new entrants in the entrants in the college, and in the hostels is punishable under Law and also with summarily discharge from the college.

I shall abide by the dress code of the campus and wear formal dress to the college (for boys - trousers, Half or full sleeve shirt, shoes - for girls - Formal Indian dress. No jeans are allowed.)

I hereby declare and promise that if I stay in the hostel I will abide by all the disciplinary rules and regulations stipulated from time to time by the management, if I violate or disobey any of the regulations stipulated I am liable for summarily dismissal at the very next moment of such act or misbehavior, from the hostel as well as from the college., I further promise that I will not accommodate any other persons including my parents, friends or their relative in my room.

I will vacate my hostel accommodation at the close of my stipulated period. I will keep my premises clean and will not destroy hostel property. I will not use Radio, Transistor, T.V. In my room or in hostel premises, which will disturb others. I will not use / consume intoxicating drinks (Alcohol) or drugs in the hostel premises during the course of study and cause trouble to others.

I also hereby declare that I will not participate in formation of Students Union and strikes. If I violate the rules & regulations framed by the College authorities, I will abide by the disciplinary action taken against me by the disciplinary committee of the College.

I here by promise that I will pay the college fee and other fee regularly. In case if I leave the course before the stipulated period, I shall be paying the fee for the remaining years of study.

I declare that I shall take permission to leave the campus of the hostel. If I am day boarder I shall inform the concerned authorities the reason for absence to the teaching programs conducted by departments of the college.

I am aware of the rules and regulations of the University pertaining to attendance requirement. I.e.80% in theory and 80% in practical classes. Further I am also aware that to be eligible to appear in University examination. I will attend all the classes regularly and appear all the examination conducted by the departments, college and University.

SK Samsuzzaman
Signature of the Parent

SK Asaduzzaman
Signature of the Candidate

Name: SK SAMSUZZAMAN.

Name: SK Asaduzzaman

Residential Address :

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