



Palamuru University :: Mahabubnagar
University College of Pharmaceutical Sciences

M. Pharm (Regulatory Affairs) Application form

1. Name : _____
2. Father Name : _____
3. Mother Name : _____
4. Date of Birth : _____
5. Nationality : _____
6. Father Occupation/Husband Occupation: _____
7. Qualified PGECET/GPAT HT.No : _____
8. Qualified PGECET/GPAT Rank : _____

Qualification	Passed Year	% Marks	University / Board
SSC			
Inter			
Degree/B.Pharm			

1. Candidate Mobile No: _____
2. Parent Mobile No: _____
3. What's app No: _____
4. Aadhar No : _____
5. Native Place : _____
6. Permeant Address: _____

Address for communication _____

Application Fee: (Rs. 1000/-) should Pay through NEFT/RTGS to

**The Registrar, Palamuru University,
State Bank of India, Ganesh Nagar Branch,
A/c. No:62070795208,
IFS Code: SBIN0016375,**

I hereby declare that the information submitted by me is true and correct.

Signature of the Candidate

