



Master of Pharmacy (Evening) Program

Department of Pharmacy

Faculty of Life and Earth Sciences

Jagannath University

Attach photograph
30 mm X 40 mm

Application Form

Semester: Fall Summer 20__

Roll no. E01-17-

(To be filled by the office)

Choice of major: Industrial Pharmacy Pharmaceutical Marketing

(Please put the number 1 and/or 2 in the boxes)

1. Name of Applicant:
2. Father's Name:
3. Mother's Name:
4. National ID No.: 5. Date of Birth:
6. Present Address:
7. Permanent Address:
8. Mobile Number: 9. E-mail address:

10. Academic records:

Degree	Name of the Institution	Exam year	Subject	cGPA/Division

11. Current Status: Student Employee Self-Employed Others

Applicant's Signature: _____

Date: _____

Signature of the convener

Master of Pharmacy (Evening) Program

Admission Committee



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Admit Card

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