



Jagannath University  
Faculty of Life and Earth Sciences  
**Master of Pharmacy (Professional) Program**  
**Department of Pharmacy**  
**Application Form (01P)**  
Spring 2022 (February-July)

Attach  
photograph  
30 mm X 40 mm

**Choice of major:**

(Put number 1 and/or 2 according to your choice)

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**Industrial Pharmacy**

**Pharmaceutical Marketing**

(To be filled by the office)

|            |  |  |  |
|------------|--|--|--|
| Roll: 01P- |  |  |  |
|------------|--|--|--|

- Name of Applicant: .....
- Father's Name: .....
- Mother's Name: .....
- National ID No.: ..... 5. Date of Birth: .....
- Present Address: .....
- Permanent Address: .....
- Mobile Number: ..... 9. E-mail address: .....
- 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**

M. Pharm. (Professional) Program Admission Committee



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