



Jagannath University  
Faculty of Life and Earth Sciences  
**Master of Pharmacy (Professional) Program**  
**Department of Pharmacy**  
**Application Form Batch 03P**  
**Spring 2023 (February-July)**

Attach photograph  
30 mm X 40 mm

**Admission Test**

**Choice of major:**  
*(Put number 1 and/or 2 according to your choice)*

  

**Industrial Pharmacy**  
**Pharmaceutical Marketing**

(To be filled by the office)

Roll: 03P-

- 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

**Pledge:** *I, do hereby, declare that I didn't submit any incomplete, incorrect or misleading information.* (Applicant's Signature)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Signature of the Convener**  
M. Pharm. (Professional) Program Admission Committee



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