



Master of Pharmacy (Evening) Program
Department of Pharmacy
 Faculty of Life and Earth Sciences
 Jagannath University
Application Form
 Fall 2018

Attach photograph
30 mm X 40 mm

Choice of major:

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

<input type="checkbox"/>	Industrial Pharmacy
<input type="checkbox"/>	Pharmaceutical Marketing

(To be filled by the office)

Roll: E03-18-	<input type="text"/>
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- 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:

10. Academic records:

Degree	Name of the Institution	Exam year	Subject	cGPA/Division

11. Current Status:
(Please put tick mark in the appropriate box)

<input type="checkbox"/>	Student	<input type="checkbox"/>	Employee
<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>	Others

Signature of the convener

Applicant's Signature and date: _____

M. Pharm. (Evening) Program Admission Committee



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Admit Card
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