



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

- 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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