



# Master of Pharmacy (Evening) Program

## Department of Pharmacy

Faculty of Life and Earth Sciences

Jagannath University

### Application Form

Spring 2020

Attach photograph  
30 mm X 40 mm

Choice of major:

  

Industrial Pharmacy

Pharmaceutical Marketing

(To be filled by the office)

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

Roll: E06-20-

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

M. Pharm. (Evening) Program Admission Committee



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### Admit Card

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M. Pharm. (Evening) Program Admission Committee