

JEYPORE COLLEGE OF PHARMACY

(UNDER THE PATRONAGE OF BANAGIRI DEVELOPMENT TRUST)

Rondapalli, Jeypore-764002, Dist : Koraput



Application Form for Admission into
D. PHARM / B.PHARM /
M.PHARM. (In Pharmaceutical Technology,
Pharmacognosy, Pharmaceutical analysis & Quality Assurance & Pharmacology)
For the Academic Session 201 - 201

Please Affix a
recent Passport
size photograph
here

01. Name (in Capital Letters) : _____
Mob. No. : _____ E-mail : _____
02. Father's Name : _____
Occupation : _____ Dept : _____
Mob. No. : _____ e-mail : _____
03. Mother's Name : _____
04. Date of Birth : (a) In Figures : _____
(b) In Words : _____
05. Sex : Male / Female _____ Nationality : _____
Religion : _____ Mother Tongue : _____
Blood Group : _____
06. Whether belongs to S.C. / S.T. / P.H. etc. : _____
07. Present Address of Father / Guardian :
- Name : _____ At _____
Post : _____ Dist : _____
State : _____ Pin Code : _____
Telephone No. (with STD Code) : _____
08. Permanent Address of Father / Guardian :
- Name : _____ At : _____
Post : _____ Dist : _____
State : _____ PIN Code : _____
Telephone No. (With STD Code) : _____
09. Reference : _____

Fees Structure**1st Year****2nd Year*****3rd Year*****Tuition Fee****Uniform Fee****Transportation Fee****Caution Deposit* (Refund)****Hostel Fee****Hostel Caution fee* (Refund)****Development****N.B. : *The fees specified may be changes as per Govt. of Odisha / JCP Management's decision.****THE FEES / ADVANCE ONCE DEPOSITED SHALL NOT BE REFUNDED IN ANY CASE****DECLARATION**

We declare that the particulars furnished above are true to the best of my knowledge. We are liable to be summarily expelled from the institute, if any of the particulars furnished above proved to be untrue / incorrect or fabricated.

Full Signature of Parent / Guardian**Full signature of the Applicant**

Place : _____

Place : _____

Date : _____

Date : _____

Documents Required

Two sets of attested photo copies certificates must be enclosed with application along with other documents and the original certificates should be produced at the time of admission.

1. Mark sheet and provisional certificates of the qualifying examination.
2. Conduct certificate (from the Head of the institution last attended in original)
3. Transfer certificate in original. (From the head of the institution last attended in original).
4. Cast / Physical handicapped certificate in original.
5. Residency certificate
6. Documents in Original in support of date of birth.
7. Eight passport size Photographs.
8. 8 self-address stamped (Rs.5/-) envelopes (10x25c.m. Size)
9. If required Migration certificate should be produced.

Date of Receipt : _____ Cash / DD No. _____ LIB ID No. _____

Branch allowed : **D.Pharm / B.Pharm / M.Pharm 201__ to 201__**

Remarks : _____

We declare that the particulars furnished are varified and found to be true to the best of my knowledge.

Verification Officer**Admission in-charge****H.O.D.****Principal**