



## STUDENT APPLICATION FORM

Please tick course of study

Diploma



Degree



M. Pharm (Pharmaceutics)



M. Pharm (Pharmacology)



PHOTO

### FOR OFFICE USE ONLY

Roll no.

Regd.no.

Admission date

### TO BE FILLED BY STUDENT

1. NAME:

Mr./Mrs./Miss

Surname

Name

2. STUDENT INFORMATION: -

CONTACT NO.:  
(WHTSAPP)

AADHAR NO.

EMAIL ID.:

D.O.B.: -

DD/MM/YY

SEX: -

BLOOD GROUP: -

CATEGORY: -

ADDRESS FOR COMMUNICATION: -

PIN CODE:-

3. FATHER'S NAME: -

Mr.

Surname

Name

CONTACT NO.: -

4. MOTHER'S NAME: -

Mrs.

Surname

Name

CONTACT NO.:





**KANAK MANJARI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
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**06612500542/543**

Website: -www.kmips.com  
 E-mail: - info@kmips.com, kmips\_p@rediffmail.com



**5. STUDENT'S PERMANENT ADDRESS**

PIN CODE: -

**6. ACADEMIC QUALIFICATION: -**

Name of Examination	Name of Board/University	Name of Institution	Year of passing	Total Marks (Phy, Chem, Math/Bio)	% Marks

**7. (A) OJEE/JEE-MAIN/NEET Roll No.:**  **(B) Rank**

**8. SELF DECLARATION**

I certify that all information furnished by me in this application are true, I understand that if I am found to have furnished any false information or withheld or concealed information to get advantage, my application shall be rejected and such other action as deemed legally justified may be taken against me. I certify that I do not suffer from mental disease and not subjected to drug addiction. I certify that I have not been prosecuted or convicted of any criminal offence involving moral turpitude.

**SIGNATURE OF APPLICANT**

**9. DECLARATION BY PARENT/GAURDIAN**

I.....Address.....  
 .....  
 hereby undertake to pay the required fees for admission of my son/daughter/ward  
 ..... who is applicable for  
 D.pharm/B.Pharm/M.Pharm course in private pharmacy college of Odisha. In the event of His/Her  
 selection of admission, I shall abide by the terms and conditions imposed by the Govt. Of Odisha and  
 the Management of the College regarding payment of fees throughout the period of his/her study.

**FULL SIGNATURE OF THE PARENT/GAURDIAN**

