

ADMISSION FORM - DPM



Carreograph Institute of Pharmaceutical Management

227D, A.P.C Road, Kolkata - 700 004

Tel: (033)2530-7710 / 5487 / 5497

E.mail: dpm@carreograph.com / hr@cipm.in Website: www.carreograph.com

Enrolment No.

Code No.

Attach
Passport
Size Photo

1. NAME IN BLOCK CAPITALS AS IN MATRICULATION CERTIFICATE

2. FATHER'S NAME:

3. FATHER'S OCCUPATION:

4. DATE OF BIRTH: dd mm year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. NATIONALITY:

6. ADDRESS:

Permanent	Present
<input type="text"/>	<input type="text"/>

7. Contact No.:

1) <input type="text"/>	2) <input type="text"/>
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8. E.mail ID :

9. ACADEMIC QUALIFICATION : (Start with 10th Standard)

Sl. No.	Examination	Year of Pass	Subjects	% of Marks
1.	10th Standard			
2.	12th Standard			
3.				
4.				

10. NAME OF COLLEGE:

11. ADDITIONAL QUALIFICATION IF ANY:

12. MENTION COURSE CODE NO.:

<i>DIPLOMA IN PHARMACEUTICAL MANAGEMENT - DPM</i>	TICK
PHARMACEUTICAL QUALITY MANAGEMENT	
PHARMACEUTICAL SALES MANAGEMENT	

13. A) Enclosed Cheque / Demand Draft (To be drawn in favour of Carreograph Institute of Pharmaceutical Management payable at Kolkata) No..... Dated for Rs.Rupees Only) drawn on Branch.....

13. B) Deposit course fees at any **AXIS BANK** Branch at Account No. **084010200021632** of Carreograph Institute of Pharmaceutical Management and enclose original receipt with this application form.

Declaration: I hereby declare that the particulars stated above are true.

Date:

Place:

(Signature of the applicant)