



SRI MEDICAL SCIENCE & PHARMACY COLLEGE

At/Po: Komand, Dist: Nayagarh-752090 (Odisha)

(Recognised by DMET, Govt. of Odisha, Approved by PCI, India, Affiliated to OSBP, Bhubaneswar)

Contact No. – 9437620221, 7008497009 E-mail ID – principalsripharmacy@gmail.com,
www.srisikhya.com

D.PHARM Admission Application Form 2025-2026

NAME OF THE CANDIDATE (In Block Letter)(As per 10 th Certificate)		Paste a Passport Size Photo				
NAME OF THE FATHER (As per 10 th Certificate)						
NAME OF THE MOTHER(As per 10 th Certificate)						
NAME OF THE GUARDIAN (If other than father)						
DATE OF BIRTH (dd/mm/yyyy)		CATEGORY (✓)				
<input type="text"/>		SC	ST	OBC/SEBC	UR	OTHERS
GENDER (✓)			RELIGION (✓)			
MALE	FEMALE	TRANSGENDER	HINDU	OTHER (SPECIFY)		
OCCUPATION OF FATHER -			MARITAL STATUS (✓)			
			MARRIED	UNMARRIED		
STUDENT CONTACT DETAILS			PARENTS/GUARDIAN/HOME CONTACT DETAILS			
MOB - _____			MOB - _____			
E-MAIL ID - _____ (In Block Letter)						
AADHAR NO./AADHAR ENROLMENT NO.			BLOOD GROUP -			
<input type="text"/>						
COURSE (✓)			DOMICILE (✓)			
1) DIPLOMA IN PHARMACY (2 YEARS)			1) ARE YOU ODISHA STATE APPLICANT (S)()			
			2) ARE YOU OUTSIDE ODISHA STATE APPLICANT (Z) ()			
			3) ARE YOU ODIA LIVING IN OUTLYING ODIA SPEAKING TRACTS (L) ()			
PERMANENT ADDRESS -			PRESENT ADDRESS -			
Village/Town - _____			Village/Town - _____			
Street - _____			Street - _____			
Post Office - _____			Post Office - _____			
Police Station - _____			Police Station - _____			
Block- _____ Dist - _____			Block- _____ Dist - _____			
Pin code - _____ State - _____			Pin code - _____ State - _____			

ACADEMIC HISTORY OF CANDIDATE

QUALIFICATION	STREAM	BOARD/ UNIVERSITY	PASSING YEAR	MARK OBTAINED	FULL MARK	% OF MARK	DIVISION	INSTITUTE NAME & ADDRESS

BELOW DOCUMENTS SUBMIT AT INSTITUTE -

SL. NO.	NAME OF THE DOCUMENT	ORIGINAL	X-EROX
01	MATRIC CERTIFICATE		
02	+2 CERTIFICATE (SCIENCE)		
03	+2 MARKSHEET		
04	AADHAR CARD		
05	CLC/TC (Submit Original)		
06	CONDUCT CERTIFICATE		
07	MIGRATION CERTIFICATE		
08	CASTE CERTIFICATE (Should Give 2024)		
09	INCOME CERTIFICATE (SC/ST STUDENT ONLY) (Should Give 2025)		
10	RESIDENCE CERTIFICATE (Should Give 2025)		
11	BANK PASSBOOK (SC/ST STUDENT ONLY) (PNB, Komand)		
12	EQUIVALENT ORDER (STUDENT PASSING FROM OTHER STATE)		

HOSTEL REQUIRED (✓)- YES (), NO ()

DETAILS OF BANK ACCOUNT (FOR SC/ST STUDENT ONLY)

NAME OF THE BANK - _____

NAME OF THE ACCOUNT HOLDER - _____

ACCOUNT NO. - _____

IFSC CODE - _____

BRANCH ADDRESS - _____

DECLARATION

Here I/we undertake that the above facts are true to my knowledge. If any matter will be wrong I/we will be held responsible for my admission.

Signature of The Parents/Guardian

Date -

Signature of The Student

Date -

PREFERRED COURSE -

REFERRED BY -

FOR OFFICE USE ONLY

Signature of the Admission I/C
Sri Medical Science & Pharmacy college

Signature of the Principal
Sri Medical Science & Pharmacy college