



SRI MEDICAL SCIENCE & PHARMACY COLLEGE

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

(Recognised by Govt. Of Odisha, Approved by PCI, India, Affiliated to
OUHS, Bhubaneswar)

Contact No. – 7008497009, 9078506051 E-mail ID – principalsripharmacy@gmail.com,
www.srisikhya.com

B.PHARM Admission Application Form 2026-2027

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 (✓)	
GENDER (✓)		RELIGION (✓)	
OCCUPATION OF FATHER -		MARITAL STATUS (✓)	
STUDENT CONTACT DETAILS		PARENTS/GUARDIAN/HOME CONTACT DETAILS	
MOB -		MOB -	
E-MAIL ID -			
(In Block Letter)			
AADHAR NO./AADHAR ENROLMENT NO.		BLOOD GROUP -	
COURSE (✓)		DOMICILE (✓)	
1) BACHELOR OF PHARMACY (04 YEARS) Through OJEE		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 & MARKSHEET		
03	AADHAR CARD		
04	CLC/TC (Submit Original)		
05	CONDUCT CERTIFICATE (Submit Original)		
06	MIGRATION CERTIFICATE (Submit Original)		
07	CASTE CERTIFICATE (Should Give 2026)		
08	INCOME CERTIFICATE (SC/ST STUDENT ONLY) (Should Give 2026)		
09	RESIDENCE CERTIFICATE (Should Give 2026)		
10	BANK PASSBOOK (SC/ST STUDENT ONLY)		
11	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 -

REFERED 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