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 2026-2027

NAME OF THE CANDIDATE (In Block Letter)(As per 10th Certificate)		Paste a Passport Size Photo
NAME OF THE FATHER (As per 10th Certificate)		
NAME OF THE MOTHER(As per 10th Certificate)		
NAME OF THE GUARDIAN (If other than father)		

DATE OF BIRTH (dd/mm/yyyy)

CATEGORY (✓)

SC	**ST**	**OBC/SEBC**	**UR**	**OTHERS**

GENDER (✓)

MALE	**FEMALE**	**TRANSGENDER**

RELIGION (✓)

HINDU	**OTHER (SPECIFY)**

OCCUPATION OF FATHER -

MARITAL STATUS (✓)

MARRIED	**UNMARRIED**

STUDENT CONTACT DETAILS

MOB - _____

E-MAIL ID (In Block Letter) - _____

PARENTS/GUARDIAN/HOME CONTACT DETAILS

MOB - _____

AADHAR NO./AADHAR ENROLMENT NO.

BLOOD GROUP -

COURSE (✓)

1) **DIPLOMA IN PHARMACY (2 YEARS)**

DOMICILE (✓)

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 –

Village/Town – _____

Street – _____

Post Office – _____

Police Station – _____

Block– _____ **Dist -** _____

Pin code – _____ **State –** _____

PRESENT ADDRESS –

Village/Town – _____

Street – _____

Post Office – _____

Police Station – _____

Block– _____ **Dist -** _____

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 2026)		
09	INCOME CERTIFICATE (SC/ST STUDENT ONLY) (Should Give 2026)		
10	RESIDENCE CERTIFICATE (Should Give 2026)		
11	BANK PASSBOOK (SC/ST STUDENT ONLY)		
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 –	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