# Department of Pharmacy
Comilla University
## Application form
## (Master of Pharmacy)

Passport Size Photo

**Program Type** (Tick on any one): (a) Master's by mixed mode / (b) Master's by course work

Name of the Applicant (BLOCK LETTER) : .....

Father's Name : .....

Mother's Name : .....

Mailing Address : .....

Email: Mobile:

Permanent Address : .....

Date of Birth : .....

Nationality : .....

NID/ Passport/ Birth Certificate Number :

Bank Draft amount: Bank Receipt Number:

| Examination | Name of Institute | Session | Passing Year | GPA/CGPA |
|---|---|---|---|---|
| SSC/ O Level/ Equivalent | | | | |
| HSC/ A Level/ Equivalent | | | | |
| Bachelor of Pharmacy | | | | |

The information delivered in this application form is true and accurate. I consent that the Department of Pharmacy at Comilla University reserves the right to cancel the admission at any time if any information given by me is found incorrect or false.

Date: .....

Signature of the Applicant

.....

# Department of Pharmacy
Comilla University
## Admit Card
(Master of Pharmacy)

Passport Size Photo

Roll No (office use only) : .....

Name of the Applicant (BLOCK LETTER) : .....

Father's Name : .....

Mother's Name : .....

Permanent Address : .....

Applicant Signature : .....

Official Seal

Signature by Head of the Department
Department of Pharmacy, Comilla University