

**ADMISSION FORM - DPM**



**Carreograph Institute of Pharmaceutical Management**

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E.mail: [dpm@carreograph.com](mailto:dpm@carreograph.com) Website: [www.carreograph.com](http://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:

5. NATIONALITY:

6. ADDRESS:

Permanent	Present
Phone No.	Phone No.
Mobile No.	Mobile No.

7. Email ID:

8. ACADEMIC QUALIFICATION : ( Start with 10<sup>th</sup> Standard )

Sl. No.	Examination	Year of Pass	Subjects	% of Marks
	10 <sup>th</sup> standard			
	12 <sup>th</sup> standard			

9. ADDITIONAL QUALIFICATION IF ANY:

10. MENTION ✓ COURSE CODE NO.

DIPLOMA IN PHARMACEUTICAL MANAGEMENT - DPM	TICK
PHARMACEUTICAL QUALITY MANAGEMENT	
PHARMACEUTICAL SALES MANAGEMENT	

11. 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 \_\_\_\_\_ Bank

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

Date:

Place:

\_\_\_\_\_  
(Signature of the Applicant)