



**ADMISSION FORM - PGDPM**



**Carreograph Institute of Pharmaceutical Management**

227 D, A.P.C. Road, Kolkata- 700 004  
Tel: (033) 2530-7710 / 5487 /5497  
Email: hr@cipm.in Website: www.cipm.in

Enrolment No.

Code No.

Attach  
Passport Size  
Photo

1. NAME IN BLOCK CAPITALS AS IN MATRICULATION CERTIFICATE

2. FATHER'S NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. DATE OF BIRTH:

4. NATIONALITY:

5. ADDRESS:

Permanent	Present
<input type="text"/>	<input type="text"/>
Phone No.	Phone No.
Mobile No.	Mobile No.

6. Email ID:

7. 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			

8. ADDITIONAL QUALIFICATION IF ANY:

9. WORK EXPERIENCE:

Please start from your present company:

SR. NO.	NAME OF COMPANIES	DURATION (From – To)	POSITION	H.Q.

10. MENTION ✓ COURSE CODE:

<b>PGDPM</b>	<b>COURSE</b>	<b>TICK</b>
PHARMA SALES & MARKETING MANAGEMENT	PGDPM – SM	
PHARMA ADVERTISEMENT & BRAND MANAGEMENT	PGDPM -AB	

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)

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