

## BIJUPATTNAIK PHARMACEUTICAL COLLEGE, BARIPADA

AT-DEBENDRA PUR (PRM MEDICAL COLLEGE ROAD) PO- TAKATPUR, PS- BARIPADA, DIST. - MAYURBHANJ, ODISHA-757003,

http://bijuvikashmedicalandnursing.com, Email:- bijupattnaikpharmacy@gmail.com,

**OFFICE CONTACT NO 06792-262625(0)9438047436** 

## FEES STRUCTURE- 2023-24, D - PHARM 2 YR COURSES

NAME:	C/O:				
MANIE.	-,				
	HOW TO PAY THREE INSTALLMENT:-				
	GIVEN IN BELOW TABLE CHART				

NAME OF COURSE	SEAT BOOKING	1ST INSTALLMENT	2ND INSTALLMENT	3RD INSTALLMENT	ALL YEARLY FEES CLEAR LAST FEBRUARY EVERY YEAR FEB- 1 TO 10
D- PHARM 1stYEAR	Rs30,000/-	Rs20,000/- (AFTER 10 DAYS) ADMISSION FEES	Rs20,000/- (DEC 1 TO 10) 2023	Rs20,000/- (FEB 1 TO 10) 2024	Rs90,000/-
D- PHARM 2 <sup>nd</sup> YEAR		Rs30,000/- (JUNE- 1 TO 10) 2024	Rs30,000/- (SEP 1 TO 10) 2024	Rs30,000/- (FEB1 TO 10) 2025	Rs90,000/-

Total -Rs.1,80,000/-

FACILITY: Above Fees Are Including As Per Institution Guidelines Yearly Course Fees, Tuition Fees, With (Including Hostel Fees With Lodging & Lunch Diner, Boarding Fees- 20,000/-), Book Fees, 3 Uniform Cloth, Transport, Community Bag And Clinical Practical Training With Community C.H.C. & Phc, Field Practical Training Transporting Fees, Per Year All Fees Including All Fees.

## **INSTRUCTION-KINDLY GIVE YOUR ATTENTION TO THE FOLLOWING POINTS:**

ADMISSION FEE ONCE PAID WILL BE NON REFOUNDABLE. INSTALMENT FEES ONLY PAY THROUGH THE CHEQUE, DD, RTGS, AND NEFT. NO CASH PAYMENT. IF ANY PROBLEM THEN INFORM TO COLLEGE BEFORE 10 DAYS. LATE INSTALMENT FINE WILL BE ADDED 10 % YOU WILL ALSO DIRECTLY DEPOSIT YOUR INSTALMENTAL IN "Bijupattnaik Medical Technology, Baripada. Bank Name-Bank of India, Baripada Branch-North Orissa University. Account No-551020110000153, IFSC - BKID0005510.

## **DECLARE & UNDERTAKING**

been prosecuted or convicted fo	r any criminal offence involving moral to	urpitude.
Superintendent decide that such	withdrawal is necessary in the interes	t of the Institution. I certify that I have no
		and Hostel should the Principal Tutor and
	• •	and deposit all other dues as laid down in s. I also agree to withdraw myself fron
	• • • • • • • • • • • • • • • • • • •	shed by me are true in all respects and a
	•	ith nursing council registration certificate
•	•	with Board Certificate, & Original College
	· · · · · · · · · · · · · · · · · · ·	will not demand for refund of my money. stitutions rule. I submitted my Advance ;
•		Imission I agree to Pay Total Fee
		my knowledge and belief. I shall be held
1	Do/So	do here by declare and undertake