



BIJUPATNAIK 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- 2024-25, D- PHARM 2 YR COURSES

NAME: _____

C/O: _____

:- 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	Rs.-20,000/-	Rs.-20,000/- (AFTER 20 DAYS) ADMISSION FEES	Rs.-15,000/- (DEC.- 1 TO 10) 2024	Rs.-15,000/- (FEB.- 1 TO 10) 2025	Rs.-70,000/-
D- PHARM 2nd YEAR		Rs.-30,000/- (JUNE- 1 TO 10) 2025	Rs.-20,000/- (SEP.- 1 TO 10) 2025	Rs.-20,000/- (FEB.-1 TO 10) 2026	Rs.-70,000/-
Total -Rs.1,40,000/-					

FACILITY :- Above Fees Are Including As Per Institution Guidelines Yearly Course Fees ,Tuition Fees, (For Only Girl's Including Hostel Fees With Lodging & Lunch Diner, Boarding Fees- 10,000/-), Book Fees, , Transport, 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 %.

DECLARE & UNDERTAKING

I do/sodo here by declare and undertake that the above stated information's are true and correct to the best of my knowledge and belief. I shall be held responsible for any deviation thereof if found later. After admission I agree to Pay Total Fees will not cancel my seat, if cancelled, I will not demand for refund of my money. I will deposit total course fee with Hostel accommodation fees as per Institutions rule. I submitted my Advance 2 years Original P.D.C. Cheque and Original 10th and +2 mark sheets with Board Certificate, & Original College Leaving & Conduct Certificate at the institute. Which will take along with nursing council registration certificate after completion of my course? I declare that the above particulars furnished by me are true in all respects and as such, I agree to abide by the rules of the School and Hostel pay all fees and deposit all other dues as laid down in the School and Hostel rules or may become due under these rules. I also agree to withdraw myself from **BIJUPATNAIK PHARMACEUTICAL COLLEGE, BARIPADA**, Institution and Hostel should the Principal Tutor and Superintendent decide that such withdrawal is necessary in the interest of the Institution. I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

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SIGNATURE OF GUARDIAN

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SIGNATURE OF CANDIDATE

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SIGNATURE OF DIRECTOR/PRINCIPAL