



**UNIVERSITY OF BALOCHISTAN, QUETTA**  
**EXAMINATION FORM OF FIRST PROFESSIONAL DOCTOR**  
**OF PHARMACY ANNUAL/SUPPLEMENTARY**  
**EXAMINATION, 20\_\_\_\_\_.**

Roll No.

(To be written by the University Office)

- i) Every candidate must keep his/her **C.N.I.C.** with him/her in the examination while appearing in the examination.
- ii) Four latest copies of Photograph must be attached with the examination form. **Female students are not exempted.**

Attach three copy of recent Photograph here  
 (Female Students are not exempted)

**THE CONTROLLER OF EXAMINATION,**  
 University of Balochistan, Quetta.

I request permission to present myself at the *First Professional Doctor of Pharmacy Annual/Supply Examination*, of the University of Balochistan, and declare that all the particulars given below are correct and that incase of any difficulty arising out of inaccuracy there in; I shall be responsible for the consequences.

*(Particulars to be filled in by the candidate neatly & legibly in his/her own hand writing)*

1. Name (in block letters) English   
 Urdu
2. Father's Name (in block letters) English   
 Urdu
3. C.N.I.C. No.       -       -   Male  Female
4. Registration Number (UoB Quetta): \_\_\_\_\_
5. Religion \_\_\_\_\_ 6. Caste \_\_\_\_\_
7. Present address: H.No. \_\_\_\_\_  
 City: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_ Mobile No \_\_\_\_\_
8. Permanent address (in full): H. No. \_\_\_\_\_  
 City: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_
9. Year of Passing F.A. /F.Sc. Examination \_\_\_\_\_ Annual/Supply: \_\_\_\_\_  
 Under Roll No. \_\_\_\_\_ From \_\_\_\_\_
10. **Subjects in which to be examine for Doctor of Pharmacy *First Professional*:-**

1. <i>Pharmaceutical Organic Chemistry-I</i>	2. <i>Physiology &amp; Histology</i>
3. <i>Pharma Bio-Chemistry</i>	4. <i>Anatomy</i>
5. <i>Pharmaceutics-I</i>	6. <i>Mathematics &amp; Bio-Statistics</i>
11. **To be filled in by the Compartment Candidates only.**  
 Under Roll No. \_\_\_\_\_ Annual/Supplementary Exam 20\_\_\_\_\_.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_
12. *I solemnly declare that:-*
  - (i) I have read all the instructions.
  - (ii) That I have filled in the Examination Form in my own hand writing.
  - (iii) I am not a student of Double Course.

**Examination Form No.**

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

\_\_\_\_\_  
 (Signature of the Candidate)

Note

**The Examination form will liable to be cancelled if correct Registration Number is not mentioned, if incomplete or incorrect entry is made in the form.**

**CERTIFICATE**

I certified that the student:

- (a) He/She is of good moral character.
- (b) He/She has attended not less than 75% full course of lectures in each of the subject for this examination.
- (c) He/She has satisfactorily performed the work of the class.
- (d) He/She attended not less than 75% of the periods assigned to practical work in the Pharmacy subjects offered by him/her for the examination.
- (e) He/She has filled & signed application overleaf in my presence, and particulars filled in by him/her on the reverse are correct.

**Remarks, If any:**

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\_\_\_\_\_  
*Office Seal/Stamp*

\_\_\_\_\_  
*Signature of Head  
of Department*

**FEE STATEMENT**

Amount of Fee Paid Rs. \_\_\_\_\_ Challan No. \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

## Roll No. Slip of First Professional Doctor of Pharmacy

(To be written by the  
University Office)  
**Roll No.**

### (TO BE FILLED IN BY THE CANDIDATE)

Note

- i) The Candidate will be admitted to the Examination Hall on production & delivery of this **Roll No. Slip**. Every candidate must keep his/her identification Card with him/her in the Examination Hall while taking the Examination.
- ii) All Candidates, including females must keep with them their **C.N.I.C.** in the Examination Hall & to be shown when desired by Centre superintendent of University authorities.

Attach One  
Copy of  
Your  
Photograph  
& One copy  
of CNIC here

### UNIVERSITY OF BALOCHISTAN, QUETTA.

Annual/Supplementary Examination 20\_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/20\_\_

Admit \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

of the Pharmacy Department University of Balochistan, of the Doctor of Pharmacy First Year Exam, at

\_\_\_\_\_ Centre,

➤ **Select the subject in which to be appeared.**

- |    |                                    |                          |
|----|------------------------------------|--------------------------|
| 1. | Pharmaceutical Organic Chemistry-I | <input type="checkbox"/> |
| 2. | Physiology & Histology             | <input type="checkbox"/> |
| 3. | Pharma Bio-Chemistry               | <input type="checkbox"/> |
| 4. | Anatomy                            | <input type="checkbox"/> |
| 5. | Pharmaceutics-I                    | <input type="checkbox"/> |
| 6. | Mathematics & Bio-Statistics       | <input type="checkbox"/> |

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
**Deputy Controller**  
of Examination  
University of Balochistan