PHARAM-D ONE YEAR CONDENSE PROGRAM

UNIVERSITY OF BALOCHISTAN, QUETTA

Roll No.

*EXAMINATION FORM OF ONE YEAR CONDENSE
PROGRAM OF DOCTOR OF PHARMACY
ANNUAL/SUPPLEMENTARY EXAMINATION, 20_____.*

(To be written by the University Office)

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

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.***

THE CONTROLLER OF EXAMINATION,
University of Balochistan, Quetta.

I request permission to present myself at the *One Year Condense Program 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. Year of Passing B. Pharmacy Examination _____ Annual/Supply _____

    Under Roll No _____ From _____

11. **Subjects in which to be examine for Doctor of Pharmacy *One Year Condense Program:-***

    1. Pharma Biostatistics
    2. Pathology
    3. Hospital Pharmacy
    4. Instrumentation
    5. Clinical Pharmacy
    6. Pharmaceutical Technology
    7. Biopharmaceutics
    8. Computer & Its Application in Pharmacy

12. **To be filled in by the Compartment Candidates only.**

    Appeared in Pharm-D One Year Condense Program Prof: Under Roll No. _____

    Annual/Supplementary Exam 20_____ & failed in the following subjects.

    1. _____ 2. _____ 3. _____ 4. _____

    5. _____ 6. _____

13. *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.

Dated: ____/____/_____.

_____
(Signature of the Candidate)

Examination Form No.

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:

_____

_____

_____

_____   _____

Office Seal/Stamp   *Signature of Head*
                                                                     of Department

FEE STATEMENT

Amount of Fee Paid Rs. _____ Challan No. _____

Dated: ____/____/20____.

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

Roll No. Slip of One Year Condense Program Doctor of Pharmacy

(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 One Year Condense

Program Exam, at _____ Centre,

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

1.   Pharma Biostatistics ☐

2.   Pathology ☐

3.   Hospital Pharmacy ☐

4.   Instrumentation ☐

5.   Clinical Pharmacy ☐

6.   Pharmaceutical Technology ☐

7.   Biopharmaceutics ☐

8.   Computer & Its Application in Pharmacy ☐

_____   _____

Signature of Candidate   ***Deputy Controller***
of Examination
University of Balochistan