

(Female Students are not exempted)

I request permission to present myself at the Second 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)

Urdu 3. C.N.I.C. No. 4. Registration Number (UoB Quetta): 5. Religion 6. Caste 7. Present address: H.No. City: District: Prevanent address (in full): H. No.	1. Name (in block letters) English
Urdu 3. C.N.I.C. No. 4. Registration Number (UoB Quetta): 5. Religion 6. Caste 7. Present address: H.No. City: District: Pormanent address (in full): H. No. City: District: Present address (in full): H. No. City: District: Province: Mobile No 9. Year of Passing F.A. /F.Sc. Examination 9. Year of Passing Pharm-D First Prof: Examination 10. Year of Passing Pharm-D First Prof: Examination 11. Subjects in which to be examine for Doctor of Pharmacy Second Professional:- 12. Pharmaceutics-II (Pharmaceutical Preparations) 2. Pharmaceutics-I 3. Pharmaceutics & Islamiat 12. To be filled in by the Compartment Candidates only. Appeared in Pharm-D 2 nd Prof: Under Roll No. Annual/Supplementary Exam 20 & failed in the following subjects. 1. 1. 2. 3. 3. 4.	Urdu
3. C.N.I.C. No.	2. Father's Name (in block letters) English
4. Registration Number (UoB Quetta):	Urdu
 5. Religion6. Caste	3. C.N.I.C. No.
 7. Present address: H.No Province: Mobile 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: 9. Year of Passing Pharm-D First Prof: Examination Annual/Supply 10. Year of Passing Pharm-D First Prof: Examination Annual/Supply 11. Subjects in which to be examine for Doctor of Pharmacy Second Professional:- 11. Subjects in which to be examine for Doctor of Pharmacy Second Professional:- 12. Pharmaceutics-II (Pharmaceutical Preparations) 2. Pharmacognosy-I 4. Pharmaceutical Microbiology 5. Pakistan Studies & Islamiat 12. To be filled in by the Compartment Candidates only. Appeared in Pharm-D 2nd Prof: Under Roll No Annual/Supplementary Exam 20 & failed in the following subjects. 1 2 3 4 5 6	4. Registration Number (UoB Quetta):
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Exam 20 & failed in the following subjects. 1. 3. 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.	12. To be filled in by the Compartment Candidates only.
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 56 13. <i>I solemnly declare that:-</i> (i) I have read all the instructions. (ii) That I have filled in the Examination Form in my own hand writing. 	Exam 20 & failed in the following subjects.
 13. <i>I solemnly declare that:-</i> (i) I have read all the instructions. (ii) That I have filled in the Examination Form in my own hand writing. 	1 2 3 4
 (i) I have read all the instructions. (ii) That I have filled in the Examination Form in my own hand writing. 	5 6
(ii) That I have filled in the Examination Form in my own hand writing.	•
Dated:/	Dated:/

(Signature of the Candidate)

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.

Page 2 of 3

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____.

Roll No. Slip of Second Professional Doctor of F (TO BE FILLED IN BY THE CAN	
 i) The Candidate will be admitted to the Examination Hall on production <i>Roll No. Slip</i>. Every candidate must keep his/her identification Card Examination Hall while taking the Examination. ii) All Candidates, including females must keep with them their <i>C.N.I.C.</i> Hall & to be shown when desired by Centre superintendent of University 	on & delivery of this d with him/her in the C. in the Examination
UNIVERSITY OF BALOCHISTAN,	, QUETTA.
nual/Supplementary Examination 20	Dated://20

Annual/Supplementary Examination 20_____

Admit_

_____ Son / Daughter of __

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

_Centre,

- > Select the subject in which to be appeared.
 - 1. Pharmaceutics-II (Pharmaceutical Preparations)
 - 2. Pharmacology and Therapeutics-I
 - 3. Pharmacognosy-I
 - 4. Pharmaceutical Microbiology
 - 5. Pakistan Studies & Islamiat

Signature of Candidate

Deputy Controller of Examination University of Balochistan

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