UNIVERSITY OF BALOCHISTAN, QUETTA

EXAMINATION FORM OF THIRD PROFESSIONAL DOCTOR OF PHARMACY ANNUAL/SUPPLEMENTARY EXAMINATION, 20_____.

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Roll No.

(To be written by the University Office)

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 *Third 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)		En	ıglish]
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2.	Father	's Name	(in block	k lette	rs) En	glish									
					U	rdu									
3.	C.N.I.	C. No.			-					-	Male		Female	e 🗌	
4.	Regist	tration Nu	ımber (U	JoB Q	uetta)	:									
5.	Religi	on						6	. Caste	·					
7.	Preser	nt address	: H.No.												
	City: _		_ Distri	ct:		Pr	ovii	nce: _		Mo	obile No)			
8.	Perma	nent add	ress (in f	ull): F	I. No.										- -
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9.	Year o	of Passing	g F.A. /F	.Sc. E	xamir	nation	ı			A	Annual/S	Supp	ly:		Examination Form No.
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10.	Year o	of Passing	g Pharm-	D 2nd	l Prof	: Exa	min	ation ₋			_ Annua	l/Sup	ply		nati nati
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11.	Subje	cts in wh	ich to b	e exai	mine f	for D	octo	or of I	Pharm	acy Th	hird Pro	fessi	onal:-		Ex
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13.	I soler (i) (ii) (iii)	That I l	are that: read all t have fille ot a stude	he ins	he Ex	amina			n in m	y own	hand w	riting	Ţ.		
Dated:	/_	/	•												
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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 N	No
Dated:/20	

Roll No. Slip of Third Professional Doctor of Pharmacy

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

Attach One Copy of Your

Photograph

& One copy

of CNIC here

University of Balochistan

Note

- 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.

UNIVERSITY OF BALOCHISTAN, QUETTA.

(TO BE FILLED IN BY THE CANDIDATE)

Annual/Supp	elementary Examination 20		Dated: _	/	/20
Admit	Son / Dat	ughter of			
of the Pharm	nacy Department University of Balochistan, of the l	Doctor of Phar	macy Third	Year	Exam, at
	Centre,				
> Selec	ct the subject in which to be appeared.				
1.	Pathology				
2.	Pharmacology & Therapeutics-II				
3.	Pharmacognosy-II				
4.	Pharmaceutics-III (Dispensing & Bio-pharmace	eutics)			
5.	Pharmaceutical Chemistry-II (Instrumentation				
Signature of	Candidate		Deputy of Ex	y <i>Cont</i>	