

I request permission to present myself at the *Final 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	\neg
2.	Father's Name (in block letters) English	\neg
	Urdu	\neg
3.	C.N.I.C. No.	
4.	Registration Number (UoB Quetta):	
5.	Religion6. Caste6.	
7.	Present address: H.No.	
	City: District: Province: Mobile No	
8.	Permanent address (in full): H. No.	
	City: District: Province: 7	
9.	City: District: Province:	
	Roll No Marks Obtained	
	Year of passing the Pharm-D IInd Professional Annual/Supp: Examination 20	ann
	Roll No Marks Obtained	
	Year of passing the Pharm-D IIIrd Professional Annual/Supp: Examination 20	סעק
	Roll No Marks Obtained	
	Year of passing the Pharm-D IVth Professional Annual/Supp: Examination 20	
	Roll No Marks Obtained	
11.	Subjects in which to be examine for Doctor of Pharmacy Final Professional Exam:-	
	1. Pharmaceutical Chemistry-III (Medicinal)	
	 Pharmaceutics-IX (Clinical Pharmacy-II) Pharmaceutical Technology 	
	4. Forensic Pharmacy	
	 Pharmaceutical Management & Marketing Computer & Its application in Pharmacy 	
12.	To be filled in by the Compartment Candidates only.	
	Appeared in Pharm-D Final Prof: Under Roll No Annual/Supplement	tary
	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)

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.

Dated: ____/20____.

_____ Challan No. _____

Attach One

Copy of

Your

Photograph

& One copy

of CNIC here

Dated: ___/__/20___

Title/s

Roll No. Slip of Final Professional Doctor of Pharmacy

(TO BE FILLED IN BY THE CANDIDATE)

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.L.C.* in 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.

Annual/Supplementary Examination 20_____

Admit

____ Son / Daughter of _

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

__Centre,

> Select the subject in which to be appeared.

- 1. Pharmaceutical Chemistry-III (Medicinal)
- 2. Pharmaceutics-IX (Clinical Pharmacy-II)
- 3. Pharmaceutical Technology
- 4. Forensic Pharmacy
- 5. Pharmaceutical Management & Marketing
- 6. *Computer & Its application in Pharmacy*

Signature of Candidate

Deputy Controller of Examination University of Balochistan

Note