



HIMACHAL PRADESH UNIVERSITY
Summer Hill, Shimla – 171 005

Roll No.....

(Roll No. to be written by the Candidate)

Note: Please read the instructions carefully before filling up this form.

B. Pharmacy	REGULAR: Rs. 1200.00 RE-APPEAR: Rs. 1250.00
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FOR OFFICE USE ONLY

- A. Ineligible due to _____
- Late fee amounting to Rs. _____ required.
 - Registration Number required
 - SC, ST, Handicapped, Lower Class Examination certificate required.
 - Government Service bonafide certificate required.
- B. Diary No. _____ Dated _____.

<u>University Cash</u> <u>Receipt</u> University/Bank Receipt No. _____ Dated _____

APPEARING EXAM AND CENTRE DETAILS

- Name of Examination (Class) B.Pharmacy _____ Semester _____
- Examination Month _____ Examination Year _____
- Examination Centre Name/College Name _____

PERSONAL INFORMATION

- Candidate's Name (as per Matric Certificate): _____
- Candidate's Name in Hindi _____
- Father's Name (as per Matric Certificate) _____
- Father's Name in Hindi _____
- Mother's Name (as per Matric Certificate): _____
- Mother's Name in Hindi _____
- Registration No. _____
- Date of Birth: _____
- State of Domicile _____
- Category: _____

Affix Attested
Photograph

PARTICULARS OF LOWER/LAST EXAMINATION

- B.Pharmacy (Pass Course) Roll No. _____ Month _____ Year _____
 University _____ Exam Centre _____ Exam Session _____ (Attach Attested Photocopy of Marksheet)

12. If appearing simultaneously in the Compartment subject in the B.Pharmacy (pass course or any other examination equivalent thereto mention Class _____
 Subjects _____ Roll No. _____ Month _____
 Year _____.

APPEARING CAPACTIY DETAILS (THEORY)

13. Subject in which to appear in the ensuing examination of B.Pharmacy (Pass Course) to be held in _____

B.Pharmacy _____ Semester (Subjects)			
Course No	Name of the Paper	Course No.	Name of the Paper

14. Medium of Examination (English/ Hindi): _____

15. Whether Blind or Permanently disabled from writing or crippled? (Attach Certificate) _____

16. Date of Issue of Demand Draft/IPO (DD/MM/YY) _____

17. DD/IPO No. _____ 18. Name of Issuing Bank/Post Office _____

CONTACT DETAILS

19. Present Address: _____

_____ Mobile No. _____

20. Correspondence Address: _____

_____ Mobile No. _____

I solemnly declare that the above particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of Unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete information including examination fee.

Date:

(Signature of Candidate)

CERTIFICATE

For Regular Students:

The candidate has attended not less than 75% lectures and obtained 20% marks in each subject in House Examination. The candidate fulfills the minimum eligibility criteria for appearing in the B.Pharmacy. _____ examinations. I am satisfied to the best of my knowledge and belief that all the above mentioned particular and photograph are of the applicant who is the genuine candidate applying for B.Pharmacy.

Signature & Seal of Principal of College

For Re-appear Students:

1. The candidate is an ex-service man having served as _____ in Armed Forces from _____ to _____ and is bonafide resident of HP **OR**

The candidate is a regular employee of armed forces/ Paramilitary forces/State Govt./Autonomous Bodies and has completed three years of regular service as on 30th November of the preceding year. He is working as _____ (Designation) in this department and further certified that there is no Evening College at the place of his posting i.e. (Certified to be attached). **OR**

The candidate belongs to SC/ST category and is a resident of village _____ Tehsil _____ Distt. _____ (Certified to be attached) **OR**

The applicant is a women candidate and is a bonafide Himachali (Certificates to be attached) **OR**

The candidate has previously appeared in the examination under Roll No. _____ in Year _____ Month _____ as regular/private student and failed or was placed under compartment.

2. I am satisfied to the best of my knowledge and belief that all the above mentioned particular and photograph are of the applicant who is the genuine candidate applying for B.Pharmacy.

Signature & Seal of Principal of College

GENERAL INSTRUCTIONS

1. Incomplete Forms are liable to be rejected.
2. The candidates must paste two passport size photograph at the appropriate space provided on the Form and Admit Card and attach attested copies of certificates for verification of eligibility along with form this form.
3. The candidates must **write his/her correct address on the three self-stamped letter size envelopes and attach with this form.**
4. Examination fee once paid is neither refundable nor adjustable in any subsequent examination unless the office finds the candidates ineligible to appear in the examination.

ADMIT CARD

PROVISIONAL

Roll No. _____

(Roll No. to be written by the Candidate)

**Affix your latest
colour attested
passport size
photograph.**

Do not staple

(To be filled in by the Candidate)

Admit (Name of the Candidate) _____

son/ Daughter of Sh. _____

to the B.Pharmacy (Pass Course) _____ Semester Examination to be held
in _____ 201_____ on the dates as given in the
Date Sheet at Centre of Examination _____

Signature of Candidate

**Controller of Examinations
Himachal Pradesh University.**
