

Certificate

This is to certify thatbearing H.T.No.....

- I. is /was a student of this college during the year The facts mentioned by him /her in the application have been verified and found to be correct. He/ She had registered for all subjects above in the current semester / class.
- II. has put in% of attendance (applicable only for regular candidates).
- III. has not passed in earlier examinations in any of the subject in which he/ she has now registered.

Principal's remarks if any:

Date:

Signature of the Principal with seal

Prescribed Fees

For the whole examination: Rs.750/- (for regular examinations only)

For each Theory / Practical subject: Rs.500/- (for supplementary examinations only)

Memorandum of Marks: Rs .10/-

Cost of application: Rs.5/-

Note: No Application is accepted unless the candidate pays the prescribed fees along with the fees for marks memorandum within the stipulated time.

Instructions:

1. Candidates are instructed to be very careful about the entries to be made. All entries should be in candidate's own handwriting. Candidate will be held responsible for any incorrect entry that he/she makes.
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4. A demand draft drawn on any nationalized bank for the examination fee including fee for memorandum of marks, in favor of the Registrar, JNT University Anantapur, payable at Anantapur should be enclosed to the application.
5. The application should be submitted through the Principal / Head of respective college /unit.



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Duplicate

M.PHARMACY – I Semester
(For students admitted in 2011-2012 and onwards only)

Pharmaceutical Technology

H.T.No:

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Centre

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- Name of the Candidate:
- Father's Name:
- Month and Year of Examination:
- Regular/Supplementary:

Please affix your
photograph
duly attested by
the Principal

Details of subjects registered: Tick () the appropriate box)

1. 9S01101 Modern Pharmaceutical Analysis <input type="checkbox"/>	5. 9S01105 Modern Pharmaceutical Analysis - Lab <input type="checkbox"/>
2. 9S01102 Biostatistics, Intellectual Property Rights & Regulatory Affairs <input type="checkbox"/>	6. 9S10103 Novel Drug Delivery Systems – I Lab <input type="checkbox"/>
3. 9S10101 Pharmaceutical Product Development <input type="checkbox"/>	7. 9S10104 Mini Project - I <input type="checkbox"/>
4. 9S10102 Novel Drug Delivery Systems - I <input type="checkbox"/>	

Signature of the Candidate

Principal

Controller of Examinations

.....



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Principal

Controller of Examinations

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR****ANANTAPUR – 515002 (A.P)****M.Pharmacy – I semester****PHARMACY PRACTICE**

(For students admitted in 2011-2012 and onwards only)

(Read instructions carefully before filling the application)

Whether the candidate is

Appearing for

 Regular Examination Supplementary Examination

Centre of Examination

Month & Year of Examination

H.T.No

Name: (As per S.S.C Certificate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (As per SSC): (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tick [√] the appropriate box**Gender:** Male Female **Caste:** SC ST BC

A	B	C	D	E
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 OC **Physically Handicapped (PH):** Yes No **Subject for which registration is required:**

1. 9S01101 Modern Pharmaceutical Analysis <input type="checkbox"/>	5. 9S01105 Modern Pharmaceutical Analysis – Lab <input type="checkbox"/>
2. 9S01102 Biostatistics, Intellectual Property Rights & Regulatory Affairs <input type="checkbox"/>	6. 9S09103 Hospital & Community Pharmacy - Lab <input type="checkbox"/>
3. 9S09101 Pharmacotherapeutics - I <input type="checkbox"/>	7. 9S09104 Mini Project - I <input type="checkbox"/>
4. 9S09102 Hospital & Community Pharmacy <input type="checkbox"/>	

Details of Fee Paid:

Bank Challan No.	Date	Amount (Rs).	Place & Bank
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Certified that the above information is CORRECT and Filled by me.

Signature of the Candidate

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Hall Ticket
Duplicate

M.PHARMACY – I Semester
(For students admitted in 2011-2012 and onwards only)

PHARMACY PRACTICE

H.T.No:

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Centre

1. Name of the Candidate:
2. Father's Name:
3. Month and Year of Examination:
4. Regular/Supplementary:

Please affix your
photograph
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Controller of Examinations

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR****ANANTAPUR – 515002 (A.P)****M.Pharmacy – I semester****INDUSTRIAL PHARMACY**

(For students admitted in 2011-2012 and onwards only)

(Read instructions carefully before filling the application)

Whether the candidate is

Appearing for

 Regular Examination Supplementary Examination

Centre of Examination

Month & Year of Examination

H.T.No

Name: (As per S.S.C Certificate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tick [√] the appropriate box**Gender:** Male Female **Caste:** SC ST BC

A	B	C	D	E
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Bank Challan No.	Date	Amount (Rs).	Place & Bank

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INDUSTRIAL PHARMACY

H.T.No:

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Centre

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3. Month and Year of Examination:
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Principal

Controller of Examinations

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Hall Ticket
Original

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ANANTAPUR – 515002 (A.P)

M.Pharmacy – I semester

(For students admitted in 2009-2010 and onwards only)

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PA & QA

Whether the candidate is

Appearing for

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Supplementary Examination

Centre of Examination

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Month & Year of Examination

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H.T.No

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Name: (As Per S.S.C Certificate)																						

Father's Name:																						

Mother's Name:																						

Date of Birth (As per SSC): (DD/MM/YYYY)							
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Physically Handicapped (PH): Yes No

Subject for which registration is required:

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2. 9S01102 Biostatistics, Intellectual Property Rights & Regulatory Affairs <input type="checkbox"/>	6. 9S04106 Electrometric & Chromatographic Methods of Analysis Practical <input type="checkbox"/>
3. 9S04103 Electrometric Methods & Spectral Analysis <input type="checkbox"/>	7. 9S04107 Mini Project <input type="checkbox"/>
4. 9S04104 Chromatographic Methods of Analysis <input type="checkbox"/>	

Details of Fee Paid:

Bank Challan No.	Date	Amount (Rs).	Place & Bank

Certified that the above information is CORRECT and Filled by me.

Signature of the Candidate

Certificate

This is to certify thatbearing H.T.No.....

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Principal's remarks if any:

Date:

Signature of the Principal with seal

Prescribed Fees

For the whole examination: Rs.750/- (for regular examinations only)

For each Theory / Practical subject: Rs.500/- (for supplementary examinations only)

Memorandum of Marks: Rs .10/-

Cost of application: Rs.5/-

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

Hall Ticket
Duplicate

PA & QA

H.T.No:

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Centre

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1. Name of the Candidate:
2. Father's Name:
3. Month and Year of Examination:
4. Regular/Supplementary:

Please affix your
photograph
duly attested by
the Principal

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Signature of the Candidate

Principal

Controller of Examinations

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M.PHARMACY – I Semester
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Hall Ticket
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PA & QA

H.T.No:

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JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR

ANANTAPUR – 515002 (A.P)

M.Pharmacy – I semester

(For students admitted in 2009-2010 and onwards only)

(Read instructions carefully before filling the application)

PA

Whether the candidate is

Appearing for

- Regular Examination
- Supplementary Examination

Centre of Examination

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Month & Year of Examination

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H.T.No

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Name: (As Per S.S.C Certificate)

Father's Name:

Mother's Name:

Date of Birth (As per SSC): (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--	--	--

Tick [√] the appropriate box

Gender:

Male

Female

Caste:

SC

ST

BC

A	B	C	D	E
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OC

Physically Handicapped (PH):

Yes

No

Subject for which registration is required:

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2. 9S01102 Biostatistics, Intellectual Property Rights & Regulatory Affairs <input type="checkbox"/>	6. 9S07106 Analytical Methodology Practical <input type="checkbox"/>
3. 9S07103 Quality Control & Validation <input type="checkbox"/>	7. 9S07107 Mini Project - I <input type="checkbox"/>
4. 9S07104 Analytical Methodology <input type="checkbox"/>	

Details of Fee Paid:

Bank Challan No.	Date	Amount (Rs).	Place & Bank

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Principal's remarks if any:

Date:

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Prescribed Fees

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Duplicate

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

PA

H.T.No:

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Centre

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- Name of the Candidate:
- Father's Name:
- Month and Year of Examination:
- Regular/Supplementary:

Please affix your
photograph
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Details of subjects registered: Tick () the appropriate box)

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Signature of the Candidate

Principal

Controller of Examinations

.....



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Original

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

PA

H.T.No:

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Principal's remarks if any:

Date:

Signature of the Principal with seal

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For each Theory / Practical subject: Rs.500/- (for supplementary examinations only)

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Duplicate

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

**Pharmaceutical
Chemistry**

H.T.No:

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Centre

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- Name of the Candidate:
- Father's Name:
- Month and Year of Examination:
- Regular/Supplementary:

Please affix your
photograph
duly attested by
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Details of subjects registered: Tick () the appropriate box)

1. 9S01101 Modern Pharmaceutical Analysis <input type="checkbox"/>	5. 9S01105 Modern Pharmaceutical Analysis Practical <input type="checkbox"/>
2. 9S01102 Biostatistics, Intellectual Property Rights & Regulatory Affairs <input type="checkbox"/>	6. 9S02106 Advanced Pharmaceutical Chemistry Practical - I <input type="checkbox"/>
3. 9S02103 Advanced Pharmaceutical Organic Chemistry - I <input type="checkbox"/>	7. 9S02107 Mini Project <input type="checkbox"/>
4. 9S02104 Advanced Medicinal Chemistry - I <input type="checkbox"/>	

Signature of the Candidate

Principal

Controller of Examinations



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Original

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

**Pharmaceutical
Chemistry**

H.T.No:

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Centre

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Duplicate

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

Pharmaceutics

H.T.No:

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Centre

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- Name of the Candidate:
- Father's Name:
- Month and Year of Examination:
- Regular/Supplementary:

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Details of subjects registered: Tick () the appropriate box)

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4. 9S03104 Physical Pharmaceutics <input type="checkbox"/>	

Signature of the Candidate

Principal

Controller of Examinations



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ANANTAPUR - 515002(A.P)**

Hall Ticket
Original

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(For students admitted in 2009-2010 and onwards only)

Pharmaceutics

H.T.No:

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ANANTAPUR – 515002 (A.P)

M.Pharmacy – I semester

Pharmacognosy

(For students admitted in 2009-2010 and onwards only)

(Read instructions carefully before filling the application)

Whether the candidate is

Appearing for

Regular Examination

Supplementary Examination

Centre of Examination

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Month & Year of Examination

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H.T.No

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Name: (As Per S.S.C Certificate)																			

Father's Name:																			

Mother's Name:																			

Date of Birth (As per SSC): (DD/MM/YYYY)									
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Tick [✓] the appropriate box

Gender:

Male

Female

Caste:

SC

ST

BC

A	B	C	D	E
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OC

Physically Handicapped (PH):

Yes

No

Subject for which registration is required:

1. 9S01101 Modern Pharmaceutical Analysis <input type="checkbox"/>	5. 9S01105 Modern Pharmaceutical Analysis Practical <input type="checkbox"/>
2. 9S01102 Biostatistics, Intellectual Property Rights & Regulatory Affairs <input type="checkbox"/>	6. 9S06106 Advanced Pharmacognosy & Phytochemistry – I Practical <input type="checkbox"/>
3. 9S06103 Advanced Pharmacognosy & Phytochemistry - I <input type="checkbox"/>	7. 9S06107 Mini Project - I <input type="checkbox"/>
4. 9S06104 Industrial Pharmacognosy - I <input type="checkbox"/>	

Details of Fee Paid:

Bank Challan No.	Date	Amount (Rs).	Place & Bank

Certified that the above information is CORRECT and Filled by me.

Signature of the Candidate

Certificate

This is to certify thatbearing H.T.No.....

- I. is /was a student of this college during the year The facts mentioned by him /her in the application have been verified and found to be correct. He/ She had registered for all subjects above in the current semester / class.
- II. has put in% of attendance (applicable only for regular candidates).
- III. has not passed in earlier examinations in any of the subject in which he/ she has now registered.

Principal's remarks if any:

Date:

Signature of the Principal with seal

Prescribed Fees

For the whole examination: Rs.750/- (for regular examinations only)

For each Theory / Practical subject: Rs.500/- (for supplementary examinations only)

Memorandum of Marks: Rs .10/-

Cost of application: Rs.5/-

Note: No Application is accepted unless the candidate pays the prescribed fees along with the fees for marks memorandum within the stipulated time.

Instructions:

1. Candidates are instructed to be very careful about the entries to be made. All entries should be in candidate's own handwriting. Candidate will be held responsible for any incorrect entry that he/she makes.
2. The University reserves the right to cancel the admission of the candidate at any stage when it is detected that his/ her admission to the examination or the college is against rules.
3. Any false or incorrect statement in the application will render the candidate liable to disciplinary action.
4. A demand draft drawn on any nationalized bank for the examination fee including fee for memorandum of marks, in favor of the Registrar, JNT University Anantapur, payable at Anantapur should be enclosed to the application.
5. The application should be submitted through the Principal / Head of respective college /unit.



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
ANANTAPUR - 515002(A.P)**

Hall Ticket
Duplicate

M.PHARMACY – I Semester
(For students admitted in 2009-2010 and onwards only)

Pharmacognosy

H.T.No:

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Centre

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- Name of the Candidate:
- Father's Name:
- Month and Year of Examination:
- Regular/Supplementary:

Please affix your
photograph
duly attested by
the Principal

Details of subjects registered: Tick () the appropriate box)

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Signature of the Candidate

Principal

Controller of Examinations



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3. Candidates are prohibited from bringing to the examination hall any book, notebooks or loose sheets of paper. If they do so, they are liable for expulsion. Candidates are not allowed to use any books nor are they allowed to keep with them a book or part thereof, or paper of any kind.
4. Candidates are also prohibited from bringing their own mathematical tables into the examination hall. The Chief Superintendent upon request when answering papers in Mathematics and Science subjects will supply these to the candidates.
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(For students admitted in 2009-2010 and onwards only)

Pharmacology

H.T.No:

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Centre

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