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**

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<th>REGULAR: Rs. 1200.00</th>
<th>RE-APPEAR: Rs. 1250.00</th>
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**FOR OFFICE USE ONLY**

A. Ineligible due to______________________________

1. Late fee amounting to Rs. ________________ required.
2. Registration Number required
3. SC, ST, Handicapped, Lower Class Examination certificate required.

B. Diary No. _______________________ Dated ____________________

**APPEARING EXAM AND CENTRE DETAILS**

1. Name of Examination (Class) B.Pharmacy_________ ________________________ Semester
2. Examination Month_____________________ Examination Year ______________________
3. Examination Centre Name/College Name _________________________________________

**PERSONAL INFORMATION**

1. Candidate’s Name (as per Matric Certificate): ________________________________
2. Candidate’s Name in Hindi ________________________________________________
3. Father’s Name (as per Matric Certificate)____________________________________
4. Father’s Name in Hindi ____________________________________________________
5. Mother’s Name (as per Matric Certificate):___________________________________
6. Mother’s Name in Hindi ____________________________________________________
7. Registration No. ______________________ 8. Date of Birth: _____________________

**PARTICULARS OF LOWER/LAST EXAMINATION**

11. 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 CAPACITY DETAILS (THEORY)

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

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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

Roll No. _________________
(Roll No. to be written by the Candidate)

(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.