

Price : Rs. 30/-

UNIVERSITY OF PUNE

B.PHARM.



FRESH/REPEATER

[Form should be filled in CAPITAL Letters]

Examination Form for the Degree of B.Pharm. (Revised from 2008-2009)

For the Year April/Oct. 20

To

The Controller of Examinations
University of Pune, Pune-411007.

Sir,

I request permission to present myself at the ensuing First Examination for the degree of B.Pharmacy.

College Roll No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FOR OFFICE USE ONLY	Batch No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Division					Tick	<input type="text"/>	Sr. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. First Year of appearance

2. Name of the College :

College Code

3. Name of the Centre :

Centre Code

4. Name of the Candidate :

(in Capital)

(Surname)

(Name)

(Father's/Husband's Name)

(Enter as per your School Leaving Certificate/SSC/HSC/Passport)

(Mother's Name)

5. Name in Devnagari Script :

(No. Change in the name will be made thereafter)

6. Sex Code

M	F
1	2

7. Permanent Registration Number

<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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8. No. of Courses Tick Marked

9. Regular/External

M	E
1	2

Category : (Tick Mark ☒ at the appropriate place)

SC	ST	OBC	DT	NT	Not Applicable
C	T	O	D	N	

11. Fees Paid Rs.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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whether appearing as per A.T.K.T. Rule Yes No

Yours faithfully,

12. Attempt No. of this particular examination

(Signature of Candidate)

Address for Correspondence :

The student is requested to attach the Xerox Copy of the Statement of Marks of the latest examination or attempt.

Declaration

- I hereby declare that I shall not claim any concessions on religious ground.
- I have not appeared for the said exam. more than Six occasions.
- I hereby declare that I have gone through the syllabus prescribed for the examination for which I am appearing.
- I shall be responsible for any errors and wrong or incomplete entries made by me in the Examination.

Place

Date

Signature of Candidate.

[P.T.O.]

Tick ☒ only for the Subjects Candidate want to appear

FIRST YEAR B.PHARM. EXAMINATION

- | | | | |
|----|--------------------------|---------|--|
| 1. | <input type="checkbox"/> | (10103) | Pharmaceutics - I (Including Community Pharmacy) |
| 2. | <input type="checkbox"/> | (10203) | Modern Dispensing Practices |
| 3. | <input type="checkbox"/> | (10303) | Pharmaceutical Inorganic Chemistry |
| 4. | <input type="checkbox"/> | (10403) | Pharmaceutical Organic Chemistry |
| 5. | <input type="checkbox"/> | (10503) | Anatomy, Physiology & Health Education |
| 6. | <input type="checkbox"/> | (10603) | Pharmaceutical Engineering |
| 7. | <input type="checkbox"/> | (10703) | Computer Applications & Bio-Statistics |

Proforma For Grant of Certificate Under Ordinance No. 163

This is to Certify that Shri./Smt.
of University Department of
College

Recognised Institution :

- (a) was enrolled in NCC and has passed 'B' and / or 'C' Certificate Examination.
- (b) was enrolled in NSS and have completed 120 hours of effective work and attended and necessary number of Camps required under NSS programme.
- (c) participated in Inter-University Tournaments / Competition of as a representative of the University of Pune.
- (d) participated in National /International Tournaments / Competition of as a representative of State of Maharashtra / India.
- (e) has joined Adult Education Programme of the University and completed 200 clock hours works to the satisfaction of the Project in-charge.

Shri./Smt. has participated and completed above mentioned activity of during the year and is therefore entitled to grant of additional marks under Ordinance No. 163 of the University of Pune for the examination of April/October 200 for the course of

Authority Incharge of the Activity

Principal of the College / Head of the Recognised Institution /
University Department.

Certificate be signed by the Principal of the College, at which the candidate has studied.

I certify that Shri./Smt.

1. is to the best of my knowledge and belief a person of good moral character.
2. that after passing the XIIth Std. (Science) Examination with English, Mathematics, Physics, Chemistry, Biology as the subjects, he/she been engaged in the study of Pharmacy in this college for Ist academic year.
3. that he/she has satisfactorily attended complete course of lectures, in all the 7 papers extending over two academic terms and practical course.
4. that as his/her form is granted he/she has my permission to present himself/herself for ensuing Examination for the Degree of B.Pharm.

Place :

Signature :

Date :

Principal : College

OR

I certify that Shri./Smt. failed to pass the First B.Pharm. Examination in 200 , and that during the interval between the declaration of his/her failure and the date of this application, he/she pursued a further course of study in the subject of examination to my satisfaction.

* I also certify that his/her statement as to his/her having obtained at a previous examination marks sufficient to entitle him/her to claim exemption in the subjects is correct.

I further certify that the exemption/s claimed by him/her is/are within the period of Six Years, as per O.118.

Place :

Signature :

Date :

Principal :

** To be struck out where it is not applicable.*