

Price : Rs. 30/-

No.



Name of the College / Institute }

University of Pune

APPLICATION FOR PERMISSION TO APPEAR AT THE MASTER OF PHARMACY EXAMINATION

SEAT NO.

To,
The Controller of Examinations,
University of Pune,
Pune-411 007.

Sir,
I offer myself as a candidate for the following Papers scheduled for the*
Semester Examination for the Degree of Master of Pharmacy to be held in 20
in the Branch of

I offer the following papers for the above Semester Examination for the M.Pharm. Degree :

Title of the Subject

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Date :

Your's faithfully,

Signature :

PERSONAL DETAILS

(Applicant from South North India, Foreign should write the name as shown in SSC/HSC/Passport
No Change in the name will be made thereafter.)

	Surname	Name	Father's/Husband's Name
Name in full in CAPITAL LETTERS		
		
	Mother's Name		

Also in Devnagari Script

Male or Female

Category : (Tick mark ☒ at appropriate place).

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

Recognised Institute where the Candidate }
is doing Research Work }

Name of the Recognised Research Guide :

[P.T.O.]

‡ Date of passing the B. Pharmacy }
Examination with name of the }
College and that of the University }

Date of obtaining the B. Pharmacy }
Degree }

Number, Month and Year of Registration }
as a Post-Graduate Student of this }
University for the B. Pharmacy (Partly }
by Papers & Partly by Thesis) Exam. }

Residential Address :

Permanent Home Address :

Mobile No.

CERTIFICATE

I certify that the above named candidate obtained the Degree of B. Pharmacy from the University of in the year and he is a regular student of this college/institute. The papers mentioned by the candidate are as per University rules and regulations. To the best of my knowledge and belief the entries made by the candidate in the application are correct. He/She has my permission to appear for examination for the subjects for which he/she has applied.

Place :

Date :

.....
Signature
(Guide of the Student)

.....
Signature
(Director / Principal)
Institute.

* Insert the number of semester.

‡ If the candidate has not passed the B. Pharm. Examination of the University the number and date of the Certificate of Eligibility which the applicant obtained for entering upon the course for this examination should be mentioned.