PUNJAB UNIVERSITY COLLEGE OF PHARMACY

Examination Admission Form

Paste a picture here

Current Professional_____ Exam Year_____

Class Roll No._____ Registration No._____

Students Name_____

Fathers Name_____

Contact No._____ Email Address (Valid G.Mail Account) _____

Present Address_____

Fees Clearance_____ Library Clearance_____

Hostel Clearance_____ Attendance Clearance_____

Lab. Clearance 1st Prof. _____ _____ _____ _____

Lab. Clearance 2nd Prof. _____ _____ _____ _____

Lab. Clearance 3rd Prof. _____ _____ _____ _____

Lab. Clearance 4th Prof. _____ _____ _____ _____

Lab. Clearance Final Prof. _____ _____ _____ _____

Examination	Year of Passing	Annual / Supply	Exam Roll No.	Marks
1st Prof.				
2nd Prof.				
3rd Prof.				
4th Prof.				

NOTE: Attach all previous academic documents along with the form.

Following Fee is applicable for different profs.
1st Prof.: Rs. 2922/-
2nd, 3rd, 4th & Final Profs.: Rs. 3162/-

Signature of the Candidate

UNIVERSITY OF THE PUNJAB

ADMISSION FORM FOR DOCTOR OF PHARMACY EXAMINATION

Please read the instructions carefully. Fill in your own handwriting (with blue ballpoint, without cutting, overwriting and fluid) all the relevant information, provided in this form and attach all the required documents. Incomplete form will be rejected.

1. Category: _____ Annual/Supplementary, 20____

2. Registration No. *(Punjab University)*

3. Name of Candidate *(Block Letters)*

Gender :..... *(Male/Female)*

Roll No:..... *(For Office Use)*

اُمیدوار کا نام (اُردو میں):.....

4. C.N.I.C. No. – –

5. Father's Name *(Block Letters)*

والد کا نام (اُردو میں):.....

6. Father's C.N.I.C. No. – –

Paste Photograph *(Passport Size)*

* Without attestation

* **Light blue background**

(Name and Father's Name must be mentioned on the back side of photographs)

7. Present Address *(For correspondence)*

Permanent District ..... مستقل ضلع (اُردو میں):.....

Nationality Religion Date of Birth – – *(As Per Matric Certificate)*

Thumb Impression

8. Name of the Institute.....

نام ادارہ (اُردو میں):.....

9. Name of Centre (City)..... *(At which to appear)* *(This column must be filled)*

10. Subjects in which to be examined : -

1..... 4.....

2..... 5.....

3..... 6.....

11. For compartment/exemption candidate only:

Year of appearing in Doctor of Pharmacy Professional .....1st or 2nd Annual Examination, *I,II,III,IV,Final*

20..... Roll No.....

12. Fee Information :

Amount Bank Challan No. Date – –

Branch Name

13. Previous Examination Information :

Examination	Year of Passing	Examination Annual/Supp.	Passed as full/by Parts	Roll No.	Marks	Division	Board / University
F.Sc. (Pre-Medical)							
D. Pharmacy 1st Prof.,							
D. Pharmacy 2nd Prof.,							
D. Pharmacy 3rd Prof.,							
D. Pharmacy 4th Prof.,							

Paste Photograph *(Passport Size)*

* Without attestation

* **Light blue background**

I hereby declare that all the particulars are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents.

Signature of the Candidate :..... Permanent Address

(Permanent Address must be written, otherwise form will be rejected.)

I certify that the applicant has fulfilled the requisite conditions laid down under the statutes/regulations enforced for the year of examination, he/she is of good moral character and is eligible for this examination. He/she has signed this admission form and his/her statement above is correct.

.....

(Name of the Chairman/Director/Principal of the Department/Institute/College)

C.N.I.C. No. – –

.....

Signature and Office Stamp

UNIVERSITY OF THE PUNJAB

FEE FORM FOR DOCTOR OF PHARMACY EXAMINATION

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3. Name of Candidate *(Block Letters)*

Roll No:..... *(For Office Use)*

اُمیدوار کا نام (اُردو میں):.....

Paste Photograph *(Passport Size)*

* Without attestation

* **Light blue background**

(Name and Father's Name must be mentioned on the back side of photographs)

4. C.N.I.C. No. – –

5. Father's Name *(Block Letters)*

والد کا نام (اُردو میں):.....

6. Father's C.N.I.C. No. – –

7. Present Address *(For correspondence)*

Permanent District مستقل ضلع (اُردو میں):.....

Nationality Religion Date of Birth – – *(As Per Matric Certificate)*

Thumb Impression

8. Name of the Institute.....

نام ادارہ (اُردو میں):.....

9. Name of Centre (City)..... *(This column must be filled)*
(At which to appear)

10. Subjects in which to be examined : -

1..... 4.....

2..... 5.....

3..... 6.....

11. Fee Information :

Amount Bank Challan No. Date – –

Branch Name

all on-line branches of HBL are authorized to collect Examination fee.
Original Bank Challan must be pasted on backside of this page.

Signature of the Candidate :..... Permanent Address

(Permanent Address must be written, otherwise form will be rejected.)

Name of the Attesting Authority : .....

C.N.I.C. # : - -

.....
Signature and Office Stamp

TO BE FILLED IN BY THE CANDIDATE

Serial No. (for office use)_____

Name:

Address :

Serial No. (for office use)_____

Name:

Address :