

PART - II

GOVERNMENT OF KARNATAKA

(Drugs Control Department)

Board Of Examining Authority, No.2, P. Kalinga Rao Road, Bangalore-27.

APPLICATION FORM FOR D.PHARM PART- II EXAMINATION.

Sl. No. _____ Reg. No.

Affix Passport size Photograph having candidates name and Correct Register No. Printed on it and duly attested by the college Principal

A Name of the candidate
(In Block letters as per SSLC Marks Card)

B Father's Name
(In Block letters as per SSLC Marks Card)

C. Details regarding Subjects Passed and Appearing for the Examination
(Mark for the subjects appearing for the Examination)

Particulars	Pharmaceutics -II	Pharmaceutical Chemistry -II	Pharmacology & Toxicology	Pharmaceutical Jurisprudence	Drug Store & Business Management	Hospital & Clinical Pharmacy
Theory						
Practical						
Mention both month & Year of passing the Examination if already passed in the subject.						

D. Details regarding Address:

Present Address:	Permanent Address:

G. Other Details

Nationality Religion Caste

Date of Birth Sex Group

Signature of the Candidate.

H. Remarks regarding attendance by
Principal _____

Note: 1. Enclose attested 3 photos with Name & Reg. No. printed on it & a copy of S.S.L.C. Marks card.
2. Paste a copy of the Fees receipt on the backside of the application.

I Certify that Sl.No. A. B. C. D. have been filled properly & verified by me & is correct.

Signature of the Principal with Seal.