

CONSOLIDATED ABSENTEE STATEMENT

D.Pharm Part-I & II Examination

CENTRE NAME: _____ DATE: _____

CENTRE CODE: _____ TIME: _____

SUBJECT NAME: _____

SUBJECT CODE: _____

TOTAL NO. OF STUDENTS ASSIGNED TO CENTRE	TOTAL NO. OF STUDENTS PRESENT	TOTAL NO. OF STUDENTS ABSENT	NO. OF M.P.C. REPORTED (IF ANY)

BLOCK	ABSENTEE REG. NOS.				TOTAL NO. OF ABSENTEES
I BLOCK					
II BLOCK					
III BLOCK					

Date:

Chief Superintendent

