



Govt. of NCT of Delhi
Delhi Pharmaceutical Sciences & Research University (DPSRU)
Pushp Vihar, Sector- III, M. B. Road, New Delhi - 110017

Application Form for the **Examination Form**
Semester Examination - **(Fifth Semester) 5th Sem**
of **Bachelor of Pharmacy (lateral entry)**
Exam Roll Number :
Enrolment Number : DPSRU/BPHU/2022/208



Asstt. Controller of Examinations
Delhi Pharmaceutical Sciences & Research University

Sir,

I request you to please permit me to appear at the **(Fifth Semester) 5th Sem** Examination of DPSRU. I have pursued a regular course and fulfil other requirements qualifying me for appearing in the said examination / I have to appear as an Regular Student . The examination fee of Rs. **4000** has been deposited and the original Receipt No.**DUL8540020** dated is attached herewith. Other particulars are given overleaf.

Signature of the Candidate
Name : **MUSKAN**

CERTIFICATE

Certified that the candidate is a Regular Student and has completed the required attendance of lectures, particals etc. The conduct of the candidate is satisfactory and he/she is eligible to appear in the examination mentioned above. The information furnished by the candidate overleaf has been verified from the available record. Photograph and signature of the candidate on the form are attested.

Date : 09-01-2024

Prof. Ajay Sharma
(Director, SPS)

NOTE : Certificate regarding attendance will be provisional and can be withdrawn at any time before the examination or during the examination, if the candidate fails to attend the required lectures, practicals etc. by the end of the session.

Particulars to be filled in by the Candidate

1. Name of the candidate Mr./Ms/Mrs : **MUSKAN** (inblock letters) (This must be the same as was written on the Enrolment Form)
2. Date of Birth : **25/11/2000** (In words) **25th of November Two Thousand**
3. Category: **General**
4. Year of Examination to the Programme of Study **2023-2024(D)**
5. Permanent Address **P-160 sultan puri new DELHI -110086 , P-161sultan puri new delhi -110086 110086**
6. Address for Correspondence **P-160 sultan puri new DELHI -110086 , P-161sultan puri new delhi -110086 110086**
7. Father's Name : **JALISH AHMED**
8. Mother's Name : **SHAISTA PARVEEN**
9. Guardian's Name and Address : ,
10. The following particulars should be filled in if the candidate has appeared /absented in the examination(s) of DPSRU in previous years(s)

Examination	Year of Exam	Roll No.	Result
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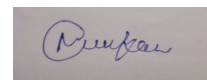
11. Subjects/Papers in which the candidate wishes to be examined.

Paper No.	Title of Paper	Type
BP-501T	Medicinal Chemistry-II	Theory Paper
BP-502T	Industrial Pharmacy-I	Theory Paper
BP-503T	Pharmacology-II	Theory Paper
BP-504T	Pharmacognosy & Phytochemistry-II	Theory Paper
BP-505T	Pharmaceutical Jurisprudence	Theory Paper
BP-506P	Industrial Pharmacy-I	Practical Paper
BP-507P	Pharmacology-II	Practical Paper
BP-508P	Pharmacognosy & Phytochemistry-II	Practical Paper

Verified as above

(Head of the Deptt.)

Date :



Signature of the Candidate

Name : **MUSKAN**Local Address : **P-160 sultan puri new DELHI -110086 ,****P-161sultan puri new delhi -110086 110086**Phone : **8882730200**