

Whether the candidate is Appearing for

- Regular Examinations  
 Supplementary Examinations

Month & Year of Examination

H.T.No 

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Name : (As per SSC Certificate )	
Father'sName	
Mother'sName	
Date of birth ( As per SSC): (DD/MM/YYYY)	

**Subjects for which registration is required:**

Theory	Practical
1.BP101T Human Anatomy & Physiology – I <input type="checkbox"/>	6. BP107P Human Anatomy & Physiology – Practical <input type="checkbox"/>
2.BP102T Pharmaceutical Analysis – I <input type="checkbox"/>	7. BP108P Pharmaceutical Analysis – I Practical <input type="checkbox"/>
3.BP103T Pharmaceutics - I <input type="checkbox"/>	8. BP109P Pharmaceutics – I Practical <input type="checkbox"/>
4.BP104T Pharmaceutics Inorganic Chemistry <input type="checkbox"/>	9. BP110P Pharmaceutics Inorganic Chemistry - Practical <input type="checkbox"/>
5.BP105T Communication Skills <input type="checkbox"/>	10. BP111P Communication Skills - Practical <input type="checkbox"/>
6.BP106RBT Remedial Biology/ BP106RMT Remedial Mathematics <input type="checkbox"/>	11. BP112RBP Remedial Biology – Practical <input type="checkbox"/>

**Total Number of Theory Papers Registered :**

**Total Number of Practical Papers Registered :**

**Details of Examinations Fee Paid:**

Receipt No.	Date	Amount (Rs.)

**Certified that the above information is CORRECT and Filled by me.**

**Signature of the Candidate:**