

Whether the candidate is Appearing for

Regular Examinations

Supplementary Examinations

Month & Year of Examination

H.T.No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name : (As per SSC Certificate )	<input type="text"/>
Father's Name:	<input type="text"/>
Mother's Name :	<input type="text"/>
Date of birth ( As per SSC): (DD/MM/YYYY)	<input type="text"/>

**Subjects for which registration is required:**

Theory	Practical
1) 1.1 Human Anatomy and Physiology <input type="checkbox"/>	7) 1.1 Human Anatomy and Physiology Practical <input type="checkbox"/>
2) 1.2 Pharmaceutics <input type="checkbox"/>	8) 1.2 Pharmaceutics Practical <input type="checkbox"/>
3) 1.3 Medicinal Biochemistry <input type="checkbox"/>	9) 1.3 Medicinal Biochemistry Practical <input type="checkbox"/>
4) 1.4 Pharmaceutical Organic Chemistry <input type="checkbox"/>	10) 1.4 Pharmaceutical Organic Chemistry Practical <input type="checkbox"/>
5) 1.5 Pharmaceutical Inorganic Chemistry <input type="checkbox"/>	11) 1.5 Pharmaceutical Inorganic Chemistry Practical <input type="checkbox"/>
6) 1.6 Remedial Mathematics <input type="checkbox"/>	12) 1.6 Biology Practical <input type="checkbox"/>
/ Biology <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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Signature of the Candidate:**