



UNIVERSITY OF THE PUNJAB

ADMISSION FORM FOR DOCTOR OF PHARMACY EXAMINATION (REGULAR)

Please read the instructions carefully. Fill in your own handwriting (with blue ballpoint, without cutting, overwriting and fluid) all the relevant information, provided in this form and attach all the required documents. Incomplete form will be rejected.

1. Category: _____ Regular _____ Annual/Supplementary, 20 _____

2. Registration No. _____
(Punjab University)

3. Name of Candidate _____
(Block Letters)

Gender : _____
(Male/Female)

Roll No.: _____
(For Office Use)

4. C.N.I.C. No. _____ - _____ - _____
.....: امیدوار کا نام (اردو میں)

5. Father's Name _____
(Block Letters)

Paste Photograph
(Passport Size)

* Without attestation
* Light blue background

.....: والد کا نام (اردو میں)

6. Father's C.N.I.C. No. _____ - _____ - _____

7. Present Address _____
(For correspondence)

Permanent District _____: مستقل ضلع (اردو میں)

Nationality _____ Religion _____ Date of Birth _____
(As Per Matric Certificate)

Thumb Impression

8. Name of the Institute.....

.....: نام ادارہ (اردو میں)

9. Name of Centre (City).....
(At which to appear) (This column must be filled)

10. Subjects in which to be examined : -

1..... 4.....

2..... 5.....

3..... 6.....

11. For compartment/exemption candidate only:
Year of appearing in Doctor of Pharmacy Professional 1st or 2nd Annual Examination,
20..... Roll No.....
i, II, III, IV, Final

12. Fee Information :

Amount _____ Bank Challan No. _____ Date _____

Branch Name _____

13. Previous Examination Information :

Examination	Year of Passing	Examination Annual/Supp.	Passed as full/by Parts	Roll No.	Marks	Division	Board / University
F.Sc. (Pre-Medical)							
D. Pharmacy 1st Prof.,							
D. Pharmacy 2nd Prof.,							
D. Pharmacy 3rd Prof.,							
D. Pharmacy 4th Prof.,							

I hereby declare that all the particulars are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents.

Signature of the Candidate : _____ Permanent Address _____

(Permanent Address must be written, otherwise form will be rejected.)

I certify that the applicant has fulfilled the requisite conditions laid down under the statutes/regulations enforced for the year of examination, he/she is of good moral character and is eligible for this examination. He/she has signed this admission form and his/her statement above is correct.

.....
(Name of the Chairman/Director/Principal of the Department/Institute/College)

C.N.I.C. No. _____ - _____ - _____

.....
Signature and Office Stamp

Paste Photograph
(Passport Size)

* Without attestation
* Light blue background

INSTRUCTIONS

Candidate is directed to read and comply with instructions hereunder before filling the Admission Form.

1. The form must be filled in with BLUE ballpoint, don't use ink pen.
2. Each Candidate (Male/Female) must paste two latest passport size photographs (with sky blue background) at the specified places of the Admission Form.
3. Affix Photograph in correct orientation, because it will be scanned for Computerized System.
4. The Form (with fee paid challan) must reach the Punjab University Office within due date otherwise the form will be rejected.
5. The Fee is payable through Habib Bank Branches authorized by the University.
6. The Examination begins on the date/s as given in the date-sheet. Every Candidate must keep his/her National Identification Card with him/her in the Examination Hall while taking the Examination.
7. The Admission Form will be entertained only if the attested photo-copies of Registration Card are previous Result Cards issued by the Punjab University are attached with the Form.
8. The incomplete Admission Form shall be rejected, if correct Registered No. is not mentioned or if incomplete or incorrect entry is made in the Form. The University shall not take any responsibility for the consequences.
9. ***Fee through Money orders, Postal orders & Cheques shall not be accepted.***

I hereby declare that I have read the above instructions carefully and shall abide by them.

Date.....

.....
(Signature of the Candidate)