

CERTIFICATE

I certified that the student:

- (a) He/She is of good moral character.
- (b) He/She has attended not less than 75% full course of lectures in each of the subject for this examination.
- (c) He/She has satisfactorily performed the work of the class.
- (d) He/She attended not less than 75% of the periods assigned to practical work in the Pharmacy subjects offered by him/her for the examination.
- (e) He/She has filled & signed application overleaf in my presence, and particulars filled in by him/her on the reverse are correct.

Remarks, If any:

Office Seal/Stamp

*Signature of Head
of Department*

FEE STATEMENT

Amount of Fee Paid Rs. _____ Challan No. _____

Dated: ____/____/20____.

Roll No. Slip of Fourth Professional Doctor of Pharmacy

(To be written by the University Office)
Roll No.

(TO BE FILLED IN BY THE CANDIDATE)

Note

- i) The Candidate will be admitted to the Examination Hall on production & delivery of this **Roll No. Slip**. Every candidate must keep his/her identification Card with him/her in the Examination Hall while taking the Examination.
- ii) All Candidates, including females must keep with them their **C.N.I.C.** in the Examination Hall & to be shown when desired by Centre superintendent of University authorities.

Attach One Copy of Your Photograph & One copy of CNIC here

UNIVERSITY OF BALOCHISTAN, QUETTA.

Annual/Supplementary Examination 20_____

Dated: ___/___/20___

Admit _____ Son / Daughter of _____

of the Pharmacy Department University of Balochistan, of the Doctor of Pharmacy Fourth Year Exam, at _____ Centre,

➤ **Select the subject in which to be appeared.**

- 1. *Pharmaceutics-IV (Hospital Pharmacy)*
- 2. *Pharmaceutics-V (Clinical Pharmacy)*
- 3. *Pharmaceutics-VI (Industrial Pharmacy)*
- 4. *Pharmaceutics-VII (Biopharmaceutics)*
- 5. *Pharmaceutics-VIII (Pharmaceutical Quality Control)*

Signature of Candidate

Deputy Controller
of Examination
University of Balochistan