

# J. P. COLLEGE OF PHARMACY

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Ministry of Health & Family Welfare, Govt. of Bihar

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*Biyabani, Biharsharif, Nalanda - 803101*

## NO DUES FOR EXAMINATION FORM B. Pharm {SEM- V}

Name: .....

Father's Name: .....

Mother's Name: .....

Date of Birth: ..... / ..... / .....

Class Roll No: .....

Gender: Male  Female

Caste: .....

Category: UR  EWS  OBC  SC  ST  PH

Registration No.: ..... Attempt Exam: 1  2  3  4

Mobile: .....

E-mail ID: .....

Address: .....

.....

Dated:

Candidate Signature

### For Department Use Only

Pharmaceutics – V (PS 1501): yes  No  .....

Pharmaceutical Chemistry - V (PS1502): yes  No  .....

Pharmacology – I (PS1503): yes  No  .....

Pharmacognosy – IV (PS1504): Yes  No  .....

Pharmaceutics – IV (PS1505):  Yes  No .....

### For Office Use Only

Semester Fee: .....

Exam Form Fee: .....

Uniform Fee: .....

Accountant Sig.: .....

Library Fee: .....

Librarian Sig.: .....

Hostel Fee: .....

Warden Sig.: .....

Signature of Form Verifiers