D.PHARM PART-I

GOVERNMENT OF KARNATAKA (DRUGS CONTROL DEPARTMENT)

ಪರೀಕ್ಷಾ ಪ್ರಾಧಿಕಾರ ಮಂಡಳಿ (ಡಿ.ಫಾರ್ಮ), ಬೆಂಗಳೂರು

ER 2020

BOARD OF EXAMINING AUTHORITY (D.PHARM)

C/o Government College of Pharmacy, No. 2, 3rdFloor, P Kalingarao Road, Subbaiah Circle, Bangalore-560 027

d. No Reg. No.							Ph ca Co Pr att	Affix Passport size Photograph having candidates name & Correct Register No. Printed on it and duly attested by the college Principal.				
A. Name of the candidate (In Block letters as per SSLC Marks Card)												
B. Father's Name (In Block letters as per SSLC Marks Card)												
C. Details regarding Subjects (Mark √ for the subject						ıatioi	n					
Particulars	Pharma- ceutics Ph		rma- itical		Pharma- cognosy		Human Anatomy & Physiology		y	Social Pharmacy		
Theory	510	520		530			540			550		
Practical Mention both month & Year of passing the Examination if already passed in the subject.	511	52	1		531			541		551		
•												
D. Details regarding Address Present Addi					Per	man	ent A	ldres	z•			
E. Other Details Nationality	Religion	n				Caste						
Date of Birth		Sex	M	F	Gro	up	SC	ST	ОВО	C G	M	
F. Remarks regarding attend	lance by						Signat	ure o	f the (Candid	lato	
Principal	- 											
Note: 1. Enclose attested 3 photo 2. Paste a copy of the Fee							of S.S	.L.C N	Aarks (card.		

I certify that Sl. No. A.B.C.D have been filled properly & verified by me & is correct.