D.PHARM PART-II

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

APPLICATI	ON FORM	M FOR	D.PF	1AK	M P	AK	I-II E	CXAI	VIIN	A TI	ION			
Sl. No Reg. No.							I (I 2	Affix Passport size Photograph having candidates name & Correct Register No. Printed on it and duly attested by the college Principal.						
A. Name of the candida (In Block letters as per SSLC Marks Card)														
B. Father's Name (In Block letters as pe SSLC Marks Card)C. Details regarding Su		d and Ar	ppearin	ng for	the E	Exan	ninatio	n						
(Mark $\sqrt{}$ for the su	•	_	-	~ ~										
Particulars	Pharma- cology	Community Pharmacy & Management		Biochemistry & Clinical Pathology			Pharma- cotherapeutics			Hospital & Clinical Pharmacy		La	Pharma Law & Ethic	
Theory	610	620		630			640			650		(660	
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of passing the Examination if already passed in the subject.														
D. Details regarding Ad	ldress:													
Present	Address:					F	Permar	nent A	\ddre	ss:				
E. Other Details													_	
Nationality Religion					Caste									
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F. Remarks regarding a Principal			n .		4 3							ndidate	e.	
Note: 1. Enclose attested 3 2. Paste a copy of the								y oi S.	S.L.C	war	ks cai	u.		

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