The Indian Pharmaceutical Association-Maharashtra State Branch's
BOMBAY COLLEGE OF PHARMACY
(Autonomous -Maharashtra State Government Aided Institute, Affiliated University of Mumbai)
KALINA, SANTACRUZ (EAST), MUMBAI -400098.

No.

Application for Examination

(Fees Rs. 1000/- per Subject for All Category)

First/Second/Third/Final Year B. Pharm of Sem.: _____of Month_____Year _____UNIQUE ID: _____

First/Second Year M. Pharm of Sem.: _____of Month_____Year _____UNIQUE ID: _____

Student Type: Regular Student:_____ Ex-Student_____ Category:_____ Aided/Un-Aided

1. NAME: **2. The above name is DEVNAGRI SCRIPT (in Marathi):**

Surname		आडनाव	
First/Own Name		प्रथम नाव	
Father's/Husband First name		वडिलांचे नाव	
Mother's First Name		आईचे नाव	

4. Subject offered (ENTER MARKS ONLY IF CLAIMING EXEPTION) **4. Details of Lower examinations**

No.	Theory Subjects	Theory Marks	Periodic Marks	Total	SEMESTER	Pass/ATKT/Failed	Months & Year
1					I		
2					II		
3					III		
4					IV		
5					V		
6					VI		
7					VII		
8					VIII		
No.	Practical Subjects	Sem. Marks					
1							
2							
3							
4							
5							

5. **To be filled by Repeaters B. Pharm /M. Pharm Sem. _____examinations.**
UNIQUE ID_____Month_____Year_____ (Fees Paid Rs. _____ & Date:_____)

To, **Principal,** **Bombay College of Pharmacy,** **Kalina, Santacruz (East), Mumbai-400098.** **Sir,** **I request permission to present myself for the ensuring examination. I have remitted the prescribed fee for the same accordingly and the information furnished above is correct.** **Place: Mumbai** **Date:** **Signature of the Students**	**Certificate from the Head of Institution** I certify that the student has kept terms for the examination as per Bombay rules satisfactorily and he/she is eligible to appear at the examination. Place: Mumbai Date: **Signature of CEO** **Seal** **Signature of the Principal**