



UNIVERSITY OF MUMBAI

Exam Form No.

ORIENTAL COLLEGE OF PHARMACY, SANPADA

B.Pharmacy

Roll No.

Regular
ATKT
Repeater

Affix here
Passport size
photo

Regular / ATKT / Repeater Examination.....

N.B. : 1) Application submitted after the prescribed date is liable to be rejected.

I. PARTICULARS FOR EXAMINATION

Name in Full

(BLOCK CAPITAL LETTERS) (Surname) (First/own Name) (Father's/Husband's Name) (Mother's/Maiden's Name)

Table with 2 rows and 5 columns for gender and student status.

Year of joining

Following are the subjects offered by me at the examination :

Table with 3 columns: Sr.No., Name of the Paper (Theory), Name of Subject (Practical)

UNIVERSITY OF MUMBAI
ORIENTAL COLLEGE OF PHARMACY
ADMISSION CARD (FIRST HALF)
Exam No., University Examination of, College Code, Center, Seat No., M/F
Candidate Name :
Candidate's Signature.....
Signature of Principal of the college on the photo
Note: CANDIDATE MUST PRESERVE AND PRODUCE THIS CARD AT EACH SESSION OF THE EXAMINATION, WITHOUT WHICH THE ADMISSION TO THE EXAMINATION MAY BE DISSALLOWED.
CANDIDATES IDENTITY PHOTO

T-EXEMPTION IN THEORY

P-EXEMPTION IN PRACTICAL

E-EXAMPTION IN BOTH

FOR REPEATERS

Details of the last Exam. appeared	Seat No.	Month & Year	Status
Sem-I			
Sem-II			
Sem-III			
Sem-IV			
Sem-V			
Sem-VI			

To,

The Principal,
Oriental College of Pharmacy Sanpada
Sir/Madam,

I request the permission to present myself at the Regular / ATKT / Reapeter Examination
..... of Degree Course

Yours Faithfully,

Place : Sanpada

Date :

Signature

(Name.....)

PERSONAL DETAIL

Local address : _____

Phone No. : _____

DETAILS OF PREVIOUS EXAMINATION

Class : _____ Month & Year : _____ Seat No. : _____ Roll No. : _____

Name of Board / University _____

Clerk : _____

Date : _____

Principal
Oriental College of Pharmacy Sanpada

Subject Offered by the Candidate

Sr. No.	Name of the Subject (Theory)	Name of Subject (Practical)
1		
2		
3		
4		
5		
6		