

PUNJAB STATE FACULTY OF AYURVEDIC AND UNANI SYSTEMS OF MEDICINES, CHANDIGARH

Serial No. _____

Examination Form
for D. Pharmacy in Ayurveda (Upvaid)

Roll No. _____ 1. First Year
(To be filled in by Faculty Office) 2. Second Year

Attached
Photograph
duly
attested by the
Head of
the College

Delete/ Mention not Applicable whichever is inapplicable. Also mark (Yes or No)
(TO BE FILLED IN BY CANDIDATE HIMSELF/ HERSELF IN HIS/HER OWN LEGIBLE HAND)

1. (a) Name in full : _____
(Block Capital Letters) (as per University/ School Board/ Council enrollment certificate).

- (b) Married Name : _____
(Block Capital Letters) (as per University/ School Board/ Council enrollment certificate).
(in case of any change only)
In case of female candidates

2. (a) Father's Name in Full : _____
(Block Capital Letters) (as per University/ School Board/ Council enrollment certificate).

- (b) Mother's Name in Full : _____
(Block Capital Letters)

- (c) Husband Name in Full : _____
(In case of married ladies only)
(Block Capital Letters)

3. Present/Permanent Correspondence : _____
Address(with Phone No.) _____

4. Enrollment Number issued : No.: FAUSM-PB/ ____ / _____
by the Faculty Office

5. Annual Income : _____
(Father/ Husband or Guardian)

6. Centre at which to be examined : _____ Centre Code No. _____

7. Have you ever been disqualified by the Faculty/University or a School Education Board. If so, give details against you by this Faculty or any other University/ School Education Board. If so, give Complete details

(a) Class _____ (b) _____
 (c) Roll No. _____ (d) _____
 (e) Reasons _____
 Attach Photostat attested Copy of order/letter)
 (f) Name of University / School/ Education Board/Council/ Faculty.
 (g) Name of University/ School _____
 Education Board or Council with which the case is pending was made out _____

Note: In case any information is held back it can become a sufficient ground for disqualification of the candidate as and when detected.

Nature of Punishment, if any, awarded _____

(Attach photostat attested Copy of such and order / decision)

Name, year of passing Faculty Exam (1) Roll No. _____ (2) Year _____

Previous _____ Examination (Annual/ Suppl.)

Name of Examination _____

(Attach Photostat attested copy support on statement)

Details of previous appearance (s) in present D.pharmacy in Ayurveda (Upvaid) examination(s) if any

Appeared	Roll No	Year Annual Suppl.	Class	Subject(s) Passed	Result Subject (s) failed	Allowed to reappear in the subject (s)
1st Attempt						
2nd Attempt						
3rd Attempt						

IMPORTANT NOTE:

A Chance will be given only to the Candidate on the approval of the Chairman of the faculty and if recommended by the Principal of the concerned college.

The Subject (s) of 1st year & 2nd Year Class of D. Pharmacy in Ayurveda (Upvaid) course in which the candidates is required to be appeared, out if the course detailed below :-

1ST YEAR

(i) _____ (ii) _____ (iii) _____

(iv) _____ (v) _____ (vi) _____

2ND YEAR

(i) _____ (ii) _____ (iii) _____

(iv) _____ (v) _____ (vi) _____

IMPORTANT NOTE:

No Candidate appears in the 2nd Year Examination until he clears all the subject of 1st year class.

Date : _____

Place : _____

Specimen Signature of the Candidate

TO BE FILLED IN AND COMPLETED BY THE PRINCIPAL OF THE COLLEGE CONCERNED

It is certified that Mr./Miss./Mrs. _____ S/D/W of Shri _____ is a regular and bonafide student of 1st Year/2nd Year class of this college (Whose complete particulars are mentioned in the form attached and has fully satisfied me by production of authentic information documents / certificate showing that the statement made by the form are verified as true and correct that he/she

- (a) Bears a good moral character.
- (b) His/ her name has not been struck off the rolls of 1st/2nd Year class of D. Pharmacy in Ayurveda (Upvaid) course (as the case may be) of the college during the academic session _____ on account of misconduct, misbehaviour, indiscipline or any other reason (s) attach a special report herewith, if required.
- (c) Is duly enrolled by faculty vide enrollment No. _____.
- (d) Has undergone regular continuous courses of studies / training as per provisions of Faculty.
- (e) Has attended the minimum prescribed no. of lectures in theory and practical separately as prescribed (75 %) during the course of studies.
- (f) Has already passed the 1st/ 2nd Year class examination of D. Pharmacy in Ayurveda (Upvaid) the Faculty in the Year _____ (Annual/ Supplementary) 200__ against Roll No. _____ (Photostat Copy attested attached.)
- (g) Is fully eligible to appear in the D.Pharmacy in Ayurveda (Upvaid) 1st /2nd Year class examinations (Annual/Suppl. 200____.)
- (h) Has so far availed _____ chances of (1st/2nd year) class examinations as per details mentioned in the form by the candidate himself / herself in the Col. 10 above.

- (i) Has regularly attended the course/ classes for the subjects of 1st /2nd Year of D.Pharmacy in Ayurveda (Upvald) ever since declaration of result of class as required under _____
- (j) Has undertaken hospital/ clinical duties in the subject of _____ / _____ / _____ / _____ / Out Patient Department, In Patient Department as provided under the regulations.
- (k) Has fulfilled all the necessary prescribed conditions under the Faculty regulations enforce.
- (l) Additional Remarks, if any _____
- _____

Date: _____

Principal
(Signature & Seal of the College)

Place: _____

IMPORTANT NOTE :

Delete/ score off

In application wherever necessary

Report of office: _____

Date: _____

Place: _____

Member Secretary

**PUNJAB STATE FACULTY OF AYURVEDIC AND UNANI SYSTEMS OF
MEDICINES, CHANDIGARH**

(ADMIT CARD)

S.No. _____

Roll No. _____

(To be allotted by the Faculty Office)

Centre Code No. _____ Place _____

Enrollment No. _____

Mr./ Miss/ Mrs. _____

Son/Daughter of Sh. _____

is hereby permitted to take D. Pharmacy in Ayurveda (Upvald) 1st Year 2nd Year

class examination Annual/Supplementary (Theory/Practicals for the _____

_____ as a regular bonafide student at _____

Centre. (Theory/ Practical) Language updated for answering questions _____

Attach
Photograph
duly
attested by the
Head of
the College

Specimen Signature of the Candidate _____

Member Secretary

IMPORTANT NOTE FOR CANDIDATES ONLY :-

- I have carefully read the instructions and code of conduct as prescribed for examines and hereby promise to abide by the same during the examinations.
- The faculty reserves the right to fix the examination centre at any other station than the station opted by the candidate under some special circumstances in Public Interest.
- To be presented at the examination hall and to be surrendered on the last day of the examination.
- Please strike through if not required.

**PUNJAB STATE FACULTY OF AYURVEDIC AND UNANI SYSTEMS OF
MEDICINES, CHANDIGARH**

(STUDENTS COPY)

S.No. _____

Roll No. _____

(To be allotted by the Faculty Office)

Centre Code No. _____ Place _____

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Mr./ Miss/ Mrs. _____

Son/Daughter of Sh. _____

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Photograph
duly
attested by the
Member
Secretary

Specimen Signature of the Candidate _____

Member Secretary

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