

EXAM FORM FEE : NIL

GUJARAT TECHNOLOGICAL UNIVERSITY

EXAM YEAR - 1ST ATKT (DPHARM - 2011), MAY - 2010

CODE/NAME OF INSTITUTE :

CODE/NAME OF BRANCH : DPHARM

ENROLMENT NO: NAME:

SUBJECT CODE	SUBJECT NAME	THEORY	PRACTICAL

PLEASE SELECT EXAM CENTER

LMCP, AHMEDABAD

B.K. MODI, RAJKOT

Date:

Sign. Of Student

Certificate to be signed by the Principal of the college

This is to certify that _____ is not under Unfair Mean case and the details entered in this forms have been verified and are found correct as per student record. He/She has paid Rs. _____ as University Exam fees.

Date:

College Seal

Principal's Seal & Signature

For Office Use Only (Institute Copy)

The student (_____) has paid sum of Rs. _____ as Exam fees for 1ST YEAR ATKT Examination.
(RS. 125/- FOR THEORY EXAM AND 100/- FOR PRACTICAL EXAM)

Date:

College Seal

Principal's Seal & Signature

For Office Use Only (Student Copy)

The student (_____) has paid sum of Rs. _____ as Exam fees for 1ST YEAR ATKT Examination.
(RS. 125/- FOR THEORY EXAM AND 100/- FOR PRACTICAL EXAM)

Date:

College Seal

Principal's Seal & Signature