



Parent Institute ASB/A.S.B. AJIT SINGH JUJHAR SINGH MEMORIAL DIPLOMA COLLEGE OF PHARMACY, BELA
Center of Exam: ASB/A.S.B. AJIT SINGH JUJHAR SINGH MEMORIAL DIPLOMA COLLEGE OF PHARMACY, BELA
Course 19/PHARMACY (TWO YEARS) Class First
Subject 3011/PHARMACEUTICS Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230061903210	GURIQBAL SINGH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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Name Of Invigilator

Signature Of Invigilator



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Course 19/PHARMACY (TWO YEARS) Class First
Subject 3012/PHARMACEUTICAL CHEMISTRY Exam Type GENERAL

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Course 19/PHARMACY (TWO YEARS) Class First
Subject 3013/PHARMACOGNOSY Exam Type GENERAL

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Course 19/PHARMACY (TWO YEARS) Class First
Subject 3014/HUMAN ANATOMY & PHYSIOLOGY Exam Type GENERAL

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Course 19/PHARMACY (TWO YEARS) Class First
Subject 3015/SOCIAL PHARMACY Exam Type GENERAL

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1	230061903210	GURIQBAL SINGH		

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Parent Institute BKL/BABA KUNDAN COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: BKL/BABA KUNDAN COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3011/PHARMACEUTICS

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230951903211	AKASH SHARMA		

Total No. Of Students in this Subject > Present :

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Center of Exam: BKL/BABA KUNDAN COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3012/PHARMACEUTICAL CHEMISTRY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230951903211	AKASH SHARMA		

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Center of Exam: BKL/BABA KUNDAN COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3013/PHARMACOGNOSY

Class First
Exam Type GENERAL

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Center of Exam: BKL/BABA KUNDAN COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3014/HUMAN ANATOMY & PHYSIOLOGY

Class First
Exam Type GENERAL

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1	230951903211	AKASH SHARMA		

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Center of Exam: BKL/BABA KUNDAN COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3015/SOCIAL PHARMACY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230951903211	AKASH SHARMA		

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Parent Institute JPQ/JHULKA COLLEGE OF PHARMACY AND HEALTH SCIENCES QADIAN
Center of Exam: JPQ/JHULKA COLLEGE OF PHARMACY AND HEALTH SCIENCES QADIAN
Course 19/PHARMACY (TWO YEARS)
Subject 3011/PHARMACEUTICS

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	231911903212	JASHANPREET KAUR		
2	231911903213	SIKANDER SINGH		

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Center of Exam: JPQ/JHULKA COLLEGE OF PHARMACY AND HEALTH SCIENCES QADIAN
Course 19/PHARMACY (TWO YEARS)
Subject 3012/PHARMACEUTICAL CHEMISTRY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	231911903212	JASHANPREET KAUR		
2	231911903213	SIKANDER SINGH		

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Center of Exam: JPQ/JHULKA COLLEGE OF PHARMACY AND HEALTH SCIENCES QADIAN
Course 19/PHARMACY (TWO YEARS)
Subject 3013/PHARMACOGNOSY

Class First
Exam Type GENERAL

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1	231911903212	JASHANPREET KAUR		
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Center of Exam: JPQ/JHULKA COLLEGE OF PHARMACY AND HEALTH SCIENCES QADIAN
Course 19/PHARMACY (TWO YEARS)
Subject 3014/HUMAN ANATOMY & PHYSIOLOGY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	231911903212	JASHANPREET KAUR		
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Center of Exam: JPQ/JHULKA COLLEGE OF PHARMACY AND HEALTH SCIENCES QADIAN
Course 19/PHARMACY (TWO YEARS)
Subject 3015/SOCIAL PHARMACY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	231911903212	JASHANPREET KAUR		
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Parent Institute MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3011/PHARMACEUTICS

Class
Exam Type
First
REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220871903657	ALISHER KHAN		
2	220871903688	PARTEEK RATAN BISHNOI		
3	220871903707	SUKHVEER		
4	220871903714	VINOD KUMAR		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3012/PHARMACEUTICAL CHEMISTRY

Class
Exam Type
First
REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220871903657	ALISHER KHAN		
2	220871903688	PARTEEK RATAN BISHNOI		
3	220871903707	SUKHVEER		
4	220871903714	VINOD KUMAR		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3013/PHARMACOGNOSY

Class
Exam Type
First
REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220871903657	ALISHER KHAN		
2	220871903688	PARTEEK RATAN BISHNOI		
3	220871903707	SUKHVEER		
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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3014/HUMAN ANATOMY & PHYSIOLOGY

Class
Exam Type
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S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
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Course 19/PHARMACY (TWO YEARS)
Subject 3015/SOCIAL PHARMACY

Class
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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3031/PHARMACOLOGY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210871904296	ANIL SHARMA		
2	210871904298	ARVIND SINGH RAJPUROH		
3	210871904310	HARMEET SINGH		
4	210871904313	JAGDISH NEHARA		
5	210871904319	MADAN LAL		
6	210871904343	SHISH PAL		
7	210871904347	SUMAN SHARMA		
8	210871904349	SURENDER		
9	210871904351	VASUDEV LOYAL		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3032/COMMUNITY PHARMACY & MANAGEMENT

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210871904296	ANIL SHARMA		
2	210871904298	ARVIND SINGH RAJPUROH		
3	210871904310	HARMEET SINGH		
4	210871904313	JAGDISH NEHARA		
5	210871904319	MADAN LAL		
6	210871904343	SHISH PAL		
7	210871904347	SUMAN SHARMA		
8	210871904349	SURENDER		
9	210871904351	VASUDEV LOYAL		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3033/BIOCHEMISTRY & CLINICAL PATHOLOGY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210871904296	ANIL SHARMA		
2	210871904298	ARVIND SINGH RAJPUROH		
3	210871904310	HARMEET SINGH		
4	210871904313	JAGDISH NEHARA		
5	210871904319	MADAN LAL		
6	210871904343	SHISH PAL		
7	210871904347	SUMAN SHARMA		
8	210871904349	SURENDER		
9	210871904351	VASUDEV LOYAL		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3034/PHARMACOTHERAPEUTICS

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210871904296	ANIL SHARMA		
2	210871904298	ARVIND SINGH RAJPUROH		
3	210871904310	HARMEET SINGH		
4	210871904313	JAGDISH NEHARA		
5	210871904319	MADAN LAL		
6	210871904343	SHISH PAL		
7	210871904347	SUMAN SHARMA		
8	210871904349	SURENDER		
9	210871904351	VASUDEV LOYAL		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3035/HOSPITAL & CLINICAL PHARMACY

Class Second
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1	210871904296	ANIL SHARMA		
2	210871904298	ARVIND SINGH RAJPUROH		
3	210871904310	HARMEET SINGH		
4	210871904313	JAGDISH NEHARA		
5	210871904319	MADAN LAL		
6	210871904343	SHISH PAL		
7	210871904347	SUMAN SHARMA		
8	210871904349	SURENDER		
9	210871904351	VASUDEV LOYAL		

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Center of Exam: MSA/MAA SARASWATI COLLEGE OF PHARMACY, ABOHAR
Course 19/PHARMACY (TWO YEARS)
Subject 3036/PHARMACY LAW & ETHICS

Class Second
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1	210871904296	ANIL SHARMA		
2	210871904298	ARVIND SINGH RAJPUROH		
3	210871904310	HARMEET SINGH		
4	210871904313	JAGDISH NEHARA		
5	210871904319	MADAN LAL		
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Signature Of Invigilator



Parent Institute PCF/Punjab Pharmacy College Chunni Kalan Fatehgarh Sahib
Center of Exam: GPK/GOVT. POLYTECHNIC COLLEGE, KHOONI MAZRA
Course 19/PHARMACY (TWO YEARS)
Subject 3031/PHARMACOLOGY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211031905019	RAJAT		

Total No. Of Students in this Subject > Present :

Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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No.Of Students On this Page >> Present>>

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Name Of Invigilator

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Parent Institute PCF/Punjab Pharmacy College Chunni Kalan Fatehgarh Sahib
Center of Exam: GPK/GOVT. POLYTECHNIC COLLEGE, KHOONI MAZRA
Course 19/PHARMACY (TWO YEARS)
Subject 3032/COMMUNITY PHARMACY & MANAGEMENT

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211031905019	RAJAT		

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Parent Institute PCF/Punjab Pharmacy College Chunni Kalan Fatehgarh Sahib
Center of Exam: GPK/GOVT. POLYTECHNIC COLLEGE, KHOONI MAZRA
Course 19/PHARMACY (TWO YEARS)
Subject 3033/BIOCHEMISTRY & CLINICAL PATHOLOGY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211031905019	RAJAT		

Total No. Of Students in this Subject > Present :

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Parent Institute PCF/Punjab Pharmacy College Chunni Kalan Fatehgarh Sahib
Center of Exam: GPK/GOVT. POLYTECHNIC COLLEGE, KHOONI MAZRA
Course 19/PHARMACY (TWO YEARS)
Subject 3034/PHARMACOTHERAPEUTICS

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211031905019	RAJAT		

Total No. Of Students in this Subject > Present :

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Parent Institute PCF/Punjab Pharmacy College Chunni Kalan Fatehgarh Sahib
Center of Exam: GPK/GOVT. POLYTECHNIC COLLEGE, KHOONI MAZRA
Course 19/PHARMACY (TWO YEARS)
Subject 3035/HOSPITAL & CLINICAL PHARMACY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211031905019	RAJAT		

Total No. Of Students in this Subject > Present :

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Parent Institute PCF/Punjab Pharmacy College Chunni Kalan Fatehgarh Sahib
Center of Exam: GPK/GOVT. POLYTECHNIC COLLEGE, KHOONI MAZRA
Course 19/PHARMACY (TWO YEARS)
Subject 3036/PHARMACY LAW & ETHICS

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211031905019	RAJAT		

Total No. Of Students in this Subject > Present :

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Parent Institute SCB/Swami Vivekanand College of Pharmacy Banur, Patiala
Center of Exam: YYF/SWAMI VIVEKANAND POLYTECHNIC COLLEGE, BANUR, PATIALA
Course 19/PHARMACY (TWO YEARS)
Subject 3031/PHARMACOLOGY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211071905219	ABHIMANYU		
2	211071905280	VIKRAM		

Total No. Of Students in this Subject > Present :

Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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No.Of Students On this Page >> Present>>

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Parent Institute SCB/Swami Vivekanand College of Pharmacy Banur, Patiala
Center of Exam: YYF/SWAMI VIVEKANAND POLYTECHNIC COLLEGE, BANUR, PATIALA
Course 19/PHARMACY (TWO YEARS) Class Second
Subject 3032/COMMUNITY PHARMACY & MANAGEMENT Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211071905219	ABHIMANYU		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

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Name Of Invigilator Signature Of Invigilator



Parent Institute SCB/Swami Vivekanand College of Pharmacy Banur, Patiala
Center of Exam: YYF/SWAMI VIVEKANAND POLYTECHNIC COLLEGE, BANUR, PATIALA
Course 19/PHARMACY (TWO YEARS)
Subject 3033/BIOCHEMISTRY & CLINICAL PATHOLOGY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211071905219	ABHIMANYU		
2	211071905280	VIKRAM		

Total No. Of Students in this Subject > Present :

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Parent Institute SCB/Swami Vivekanand College of Pharmacy Banur, Patiala
Center of Exam: YYF/SWAMI VIVEKANAND POLYTECHNIC COLLEGE, BANUR, PATIALA
Course 19/PHARMACY (TWO YEARS)
Subject 3034/PHARMACOTHERAPEUTICS

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211071905219	ABHIMANYU		
2	211071905280	VIKRAM		

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Name Of Invigilator Signature Of Invigilator



Parent Institute SCB/Swami Vivekanand College of Pharmacy Banur, Patiala
Center of Exam: YYF/SWAMI VIVEKANAND POLYTECHNIC COLLEGE, BANUR, PATIALA
Course 19/PHARMACY (TWO YEARS)
Subject 3035/HOSPITAL & CLINICAL PHARMACY

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211071905219	ABHIMANYU		
2	211071905280	VIKRAM		

Total No. Of Students in this Subject > Present : Absent:
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Name Of Invigilator Signature Of Invigilator



Parent Institute SCB/Swami Vivekanand College of Pharmacy Banur, Patiala
Center of Exam: YYF/SWAMI VIVEKANAND POLYTECHNIC COLLEGE, BANUR, PATIALA
Course 19/PHARMACY (TWO YEARS)
Subject 3036/PHARMACY LAW & ETHICS

Class Second
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	211071905219	ABHIMANYU		
2	211071905280	VIKRAM		

Total No. Of Students in this Subject > Present : Absent:
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No.Of Students On this Page >> Present>> Absent >>
Name Of Invigilator Signature Of Invigilator



Parent Institute SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3031/PHARMACOLOGY

Class Second
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220681902913	MOHAMMAD ZISHAN		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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No.Of Students On this Page >> Present>>

Absent >>

Name Of Invigilator

Signature Of Invigilator



Parent Institute SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3032/COMMUNITY PHARMACY & MANAGEMENT

Class Second
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220681902913	MOHAMMAD ZISHAN		

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Parent Institute SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3033/BIOCHEMISTRY & CLINICAL PATHOLOGY

Class Second
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220681902913	MOHAMMAD ZISHAN		

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Parent Institute SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3034/PHARMACOTHERAPEUTICS

Class Second
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220681902913	MOHAMMAD ZISHAN		

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Parent Institute SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3035/HOSPITAL & CLINICAL PHARMACY

Class Second
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220681902913	MOHAMMAD ZISHAN		

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Parent Institute SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Center of Exam: SCL/SIGMA COLLEGE OF PHARMACY,LUDHIANA
Course 19/PHARMACY (TWO YEARS)
Subject 3036/PHARMACY LAW & ETHICS

Class Second
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	220681902913	MOHAMMAD ZISHAN		

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Name Of Invigilator

Signature Of Invigilator



Parent Institute SPM/SRI SAI COLLEGE OF PHARMACY, MANNAWALA ,AMRITSAR
Center of Exam: SPM/SRI SAI COLLEGE OF PHARMACY, MANNAWALA ,AMRITSAR
Course 19/PHARMACY (TWO YEARS)
Subject 3011/PHARMACEUTICS

Class First
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210391902053	ROHIT KUMAR		

Total No. Of Students in this Subject > Present :

Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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Parent Institute SPM/SRI SAI COLLEGE OF PHARMACY, MANNAWALA ,AMRITSAR
Center of Exam: SPM/SRI SAI COLLEGE OF PHARMACY, MANNAWALA ,AMRITSAR
Course 19/PHARMACY (TWO YEARS)
Subject 3012/PHARMACEUTICAL CHEMISTRY

Class First
Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210391902053	ROHIT KUMAR		

Total No. Of Students in this Subject > Present :

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Parent Institute SPM/SRI SAI COLLEGE OF PHARMACY, MANNAWALA ,AMRITSAR
Center of Exam: SPM/SRI SAI COLLEGE OF PHARMACY, MANNAWALA ,AMRITSAR
Course 19/PHARMACY (TWO YEARS)
Subject 3013/PHARMACOGNOSY

Class
Exam Type
First
REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	210391902053	ROHIT KUMAR		

Total No. Of Students in this Subject > Present :

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Parent Institute UPD/UNIVERSAL INSTITUTE OF PHARMACY,LALRU,MOHALI
Center of Exam: YYD/UNIVERSAL POLYTECHNIC COLLEGE, LALRU, MOHALI
Course 19/PHARMACY (TWO YEARS)
Subject 3011/PHARMACEUTICS

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230981902159	YASIR HASSAN		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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No.Of Students On this Page >> Present>>

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Name Of Invigilator

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Parent Institute UPD/UNIVERSAL INSTITUTE OF PHARMACY,LALRU,MOHALI
Center of Exam: YYD/UNIVERSAL POLYTECHNIC COLLEGE, LALRU, MOHALI
Course 19/PHARMACY (TWO YEARS)
Subject 3012/PHARMACEUTICAL CHEMISTRY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230981902159	YASIR HASSAN		

Total No. Of Students in this Subject > Present : Absent:

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Parent Institute UPD/UNIVERSAL INSTITUTE OF PHARMACY,LALRU,MOHALI
Center of Exam: YYD/UNIVERSAL POLYTECHNIC COLLEGE, LALRU, MOHALI
Course 19/PHARMACY (TWO YEARS)
Subject 3013/PHARMACOGNOSY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230981902159	YASIR HASSAN		

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Parent Institute UPD/UNIVERSAL INSTITUTE OF PHARMACY,LALRU,MOHALI
Center of Exam: YYD/UNIVERSAL POLYTECHNIC COLLEGE, LALRU, MOHALI
Course 19/PHARMACY (TWO YEARS)
Subject 3014/HUMAN ANATOMY & PHYSIOLOGY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230981902159	YASIR HASSAN		

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Parent Institute UPD/UNIVERSAL INSTITUTE OF PHARMACY,LALRU,MOHALI
Center of Exam: YYD/UNIVERSAL POLYTECHNIC COLLEGE, LALRU, MOHALI
Course 19/PHARMACY (TWO YEARS)
Subject 3015/SOCIAL PHARMACY

Class First
Exam Type GENERAL

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	230981902159	YASIR HASSAN		

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Parent Institute ZKP/KHALSA COLLEGE OF PHARMACY, AMRITSAR
Center of Exam: YYA/KHALSA COLLEGE OF ENGINEERING AND TECHNOLOGY AMRITSAR
Course 19/PHARMACY (TWO YEARS) Class Second
Subject 2001/PHARMACEUTICS - II Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	200931904538	HARISH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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Parent Institute ZKP/KHALSA COLLEGE OF PHARMACY, AMRITSAR
Center of Exam: YYA/KHALSA COLLEGE OF ENGINEERING AND TECHNOLOGY AMRITSAR
Course 19/PHARMACY (TWO YEARS) Class Second
Subject 2002/PHARMA CHEMISTRY - II Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	200931904527	ARSHDEEP SINGH		
2	200931904538	HARISH		

Total No. Of Students in this Subject > Present : Absent:
Total No. Of Answer Sheets Packed >
Name and Signature Of Incharge

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Name Of Invigilator Signature Of Invigilator



Parent Institute ZKP/KHALSA COLLEGE OF PHARMACY, AMRITSAR
Center of Exam: YYA/KHALSA COLLEGE OF ENGINEERING AND TECHNOLOGY AMRITSAR
Course 19/PHARMACY (TWO YEARS) Class Second
Subject 2003/PHARMACOLOGY & TOXICOLOGY Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	200931904538	HARISH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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No.Of Students On this Page >> Present>> Absent >>
Name Of Invigilator Signature Of Invigilator



Parent Institute ZKP/KHALSA COLLEGE OF PHARMACY, AMRITSAR
Center of Exam: YYA/KHALSA COLLEGE OF ENGINEERING AND TECHNOLOGY AMRITSAR
Course 19/PHARMACY (TWO YEARS) Class Second
Subject 2005/PHARMACEUTICAL JURISPRUDENCE Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	200931904527	ARSHDEEP SINGH		
2	200931904538	HARISH		

Total No. Of Students in this Subject > Present : Absent:
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Name and Signature Of Incharge

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Name Of Invigilator Signature Of Invigilator



Parent Institute ZKP/KHALSA COLLEGE OF PHARMACY, AMRITSAR
Center of Exam: YYA/KHALSA COLLEGE OF ENGINEERING AND TECHNOLOGY AMRITSAR
Course 19/PHARMACY (TWO YEARS) Class Second
Subject 2006/DRUG STORE AND BUSINESS MGT. Exam Type REAPPEAR

S.No	Regd. No.	Student Name	Answer Sheet No.	Student's Signature
1	200931904538	HARISH		

Total No. Of Students in this Subject > Present : Absent:

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Name and Signature Of Incharge

Note : Please write ABSENT for those who are not present. The signed & scanned copy of this attendance sheet through email should be sent from center of examination to parent institute on the day of Examination itself for the purpose of entry of online attendance by parent institute under their login.

No.Of Students On this Page >> Present>>

Absent >>

Name Of Invigilator

Signature Of Invigilator