

**RAGHAVENDRA INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (RIPER), AUTONOMOUS  
ANANTAPUR-515721 (A.P)**



**M. Pharmacy –I Year II Semester (AR18)  
(For 2018-19 and onwards admitted batches)  
(Read the instructions carefully before filling the application )**

**MPL**

Whether the candidate is  
Appearing for

Regular Examinations

Centre of Examinations

**RIPER, ANANTAPURAMU**

Supplementary Examinations

\_\_\_\_\_

Month & Year of Examination

H.T.No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name : (As per SSC Certificate )																				
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Name:																				
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Name :																				
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth ( As per SSC): (DD/MM/YYYY)													
--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Please Tick (✓)**

**Gender** : 

<b>Male</b>	<b>Female</b>

**Caste:**

<b>SC</b>	<b>ST</b>	<b>BC-A</b>	<b>BC-B</b>	<b>BC-C</b>	<b>BC-D</b>	<b>BC-E</b>	<b>OC</b>

**Physically Handicapped (PH):** Yes  No

Subjects for which registration is required: 

	Theory	Practical
--	--------	-----------

1.MPL201T Advanced Pharmacology - II	<input type="checkbox"/>	5.MPL205P Pharmacology Practical - II	<input type="checkbox"/>
2.MPL202T Pharmacological & Toxicological Screening Methods - II	<input type="checkbox"/>	6. MPL206P Seminar / Assignment	<input type="checkbox"/>
3.MPL203T Principles of Drug Discovery	<input type="checkbox"/>		<input type="checkbox"/>
4. MPL204T Clinical Research & Pharmacovigilance	<input type="checkbox"/>		<input type="checkbox"/>
<b>Total Number of Theory Papers Registered (In Words)</b>	_____	<b>Total Number of Practical Papers Registered (In Words)</b>	_____
<b>(In Figures)</b>	_____	<b>( In Figures)</b>	_____

**Details of Examinations Fee Paid:**

Receipt No.	Date	Amount (Rs.)

**Certified that the above information is CORRECT and Filled by me.**

**Signature of the Candidate:**

## Certificate

This is to certify that .....bearing H.T.No.....

- I. is /was a student of this college during the year ..... The facts mentioned by him /her in the application have been verified and found correct. He/ She had registered for all subjects above in the current semester / class.
- II. has put in .....% of attendance (applicable only for regular candidates).
- III. has not passed in earlier examinations in any of the subject in which he/ she has now registered.

**Principal's remarks if any:**

Date:

**Signature of the Principal with seal**

**Note:** No Application is accepted unless the candidate pays the prescribed Examination fee and fee for marks memorandum within the stipulated time.

**Instructions:**

1. Candidates are instructed to be very careful about the entries to be made.
2. All entries should be in candidate's own handwriting.
3. Candidate will be held responsible for any incorrect entry that he/she makes. Any false or incorrect statement in the application will render the candidate liable to disciplinary action
4. The College reserves the right to cancel the admission of the candidate at any stage when it is detected that his/ her admission to the examination or the college is against rules.

\*\*\*