

KRISHNA UNIVERSITY

Prof .Y.K.Sundara Krishna
Controller of Examinations



Rajupeta
Machilipatnam-521001
Phone No: 08672-220070
Fax: 08672-225960
Email: kuexams2010@yahoo.com

No.KRU/Exams/Notifications/B.Pharmacy/2015

Dated: 30-04-2015

NOTIFICATION

Applications are invited from the eligible candidates for Examinations of IV B.Pharmacy VIII Semester students of Krishna University affiliated colleges for the academic year 2014-2015.

The following is the schedule of dates for payment of examination fee and receipt of filled in applications for **B.Pharmacy VIII Semester Examinations**

S. No.	Description	Date
1	Last date for payment of examination fee and submission of filled in applications to the Principal concerned	06-05-2015 (Wednesday)
2	Last date for submission of galley in triplicate by the Principals to the Controller of Examinations, Krishna University	08-05-2015 (Friday)
3	Date of commencement of the written (Theory) examinations of B.Pharmacy	11-05-2015 (Monday)
4	Date of commencement of the Practical Examinations of B. Pharmacy	Immediately after theory exams

The affiliated colleges shall pay their students examination fee for each course by way of a single consolidated payment through Online Challana to Examination Fee Account State Bank of India, A/C No.30629043551, Main Branch, Machilipatnam-521002 only.

Examination Fee Details:

a) Whole Examination fee	:	Rs. 710-00
b) Examination fee for single paper appearance	:	Rs. 220-00
c) Two papers appearance	:	Rs. 290-00
d) Three papers appearance	:	Rs. 380-00
e) Four papers appearance	:	Rs. 460-00
b) Practical Examination Fee (for each practical, project and viva separately)	:	Rs. 190-00

The hall-tickets shall be issued to the candidates only after verifying their eligibility in all respects, and ensure that they are not under disqualification for suspected malpractice or any of those sorts. The hall-tickets shall be collected before the date of commencement of examinations i.e. on 10-05-2015, by the candidate at their respective college

(P.T.O.)

Please send the galley in the prescribed format given below

S No	Name of the Candidate (as per SSC Certificate)	Parent Name (as per SSC Certificate)	S E X	Regd. No.	Appearing subjects	Elective (if any)	Reser vation Category	Fee amount & date	% of atten dance	Remar ks
1	2	3	4	5	6	7	8	9	10	11

Note: Registration means obtaining Hall-ticket for the said Examination.

(BY ORDER)

(Y.K.SUNDARA KRISHNA)
CONTROLLER OF EXAMINATIONS

Controller of Examinations

Krishna University-521 001.

To

The Principals of concerned colleges

Copy to:

- 1) The Registrar's Table
- 2) The Vice- chancellor's Table
- 3) Krishna University Website
- 4) File