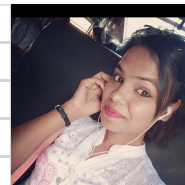




Doctor Harisingh Gour Vishwavidyalaya, Sagar (M.P.)
(A Central University)
Regular Form for CBCS Examination
Semester - IV June 2021

Registration No.	Y20254023	Form No 2250244
Course Type	Post Graduate	
Programme Name/Code	M.Pharm. (2 Yr Programme) (2001)	
Department Name/Code	Department of Pharmaceutical Science (54)	
Branch Name/Code		
Semester	Semester - IV	
Receipt No.	805617	



Personal Details

Name of Student	RAKSHA ROHIT	DOB DD/ MM/YYYY	22/12/1998
Father's Name	Leeladhar Rohit	Mother's Name	Bhagbai Rohit
Gender	Female	Category	SC

Contact Details

Mobile No	7049786226	Email Id	raksharohitjnv@gmail.com
Address	Vidyasagar Petrol pump, Kundalpur road, patera	State	MADHYA PRADESH

Course Registration Details

Course Code	Course Title	Credits	Theory/Practical
PHSP-CC-4201	PROJECT MAJOR	20	Practical

Total Credits :- 20

Payment Details:

Receipt Number	Fee	Late Fee	Total Fee	Fee Status
805617	1200.00	0.00	1200.00	Success

DECLARATION

RAKSHA ROHIT, D/O Leeladhar Rohit hereby declare that all the statements and entries made in this form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected in future at any stage, my candidature may be cancelled by the University.

Place Sagar (MP) 470003

Signature HOD/Dean

Signature DOAA

Date 25/07/2022

Name(In Block Letter) **RAKSHA ROHIT**

Signature Of Candidate

Note:

1. Students will have to Submit a copy of this form in the office of Dean / Head of the departments.
2. Students whose attendance is 75% or more, will be eligible to fill the Exam Form.

Download Date & Time 25/07/2022 04:34 PM