

Cost: Rs. 100/-

Form No.: 116

SHRI G.S. INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE
DEPT. OF PHARMACY
APPLICATION FORM
SESSIONAL IMPROVEMENT TEST APRIL 2010
(For B. Pharm. Students)

Affix Your
Passport Size
Photo here

Test Roll No.:
(To be filled by office)

- 1. Name of Student :
- 2. Father's Name :
- 3. Enrolment No. :
- 4. Present Status: Regular/Regular Repeater/Ex:.....
- 5. Address for correspondence:.....
Phone No.....Mobile No:.....

Details of subjects in which sessional improvement is desired

Year: B.Pharm. I/II/III/IV

Semester: A/B

S. No.	Subject Code	Subject Name	Month, Year of Exam Already appeared	Exam Roll No.	Marks Obtained in concerned		Attendance of student at time of test	
					Sem. Exam	Sessional Exam	Sign. of Student with date	Sign. of invigilato with dat
1								
2								
3								
4								
5								

Note:

- 1. Separate application form is to be submitted for every semester.
- 2. The photocopy of the mark sheet of the concerned exam result is necessarily to be attached with the application form. Students should write his/her name as given in the mark sheet.
- 3. The last date for the submission of duly filled application forms is 06th APRIL 2010 .
- 4. Incomplete forms will be rejected.
- 5. Students has to fill the separate application form for the semester examination in concerned subject in the exam section failing which the result for the sessional improvement will not be declared and the sessional improvement test will deemed to be cancelled.
- 6. After the declaration of the marks of the sessional improvement test if the marks are improved and so i the student does not want to appear in the semester exam of the concerned subject he/she should give the information in the writing to the HOD.

Date:

Signature of Student

For Official Use only

Form Received by.....

Form Checked by.....