



SUMANDEEP VIDYAPEETH

Piparia, Ta: Waghodia Dist: Vadodara

Ref No: SV/EXAM/P/7672/08/2019

Date: _____

FORMAT FOR FURNISHING DETAILS OF TEACHERS FOR EMPANELING AS EXAMINERS IN PHARMACY FACULTY

Name of the Examiner : _____

Name of the College: _____

Address: _____

Phone No. _____ Fax: _____ E-mail: _____

Subject in which Examiner ship is Applied _____

Application for Examiner ship in Bpharm Mpharm Ph.D.

Name & Designation	Date of Birth & Age	Res. Adds. & Telephone No. with code & Mobile No. E-mail and Fax No	Month & Year of Passing Bpharm/Mpharm		Teaching Experience			PG Guide Yes or No ? If yes since how long	No of Years of PG Teacher/ Guide Exp.	Signature of the Teacher
			Bpharm	Mpharm	Before Mpharm	After Mpharm	Total			

Does your college runs PG Courses Yes No

If yes since how long _____

The information furnished above is true and as per the Statutory norms _____ faculty is eligible for examiner ship in UG/PG of Pharmacy faculty

Signature of the applicant & Date

Signature of the Head of the Department with Seal

Signature of the Head of the Institution with seal