

# 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/Notifications/M.Pharmacy/2015

Dated: 09-09-2015

## NOTIFICATION

Applications are invited from the eligible candidates of III & IV Semester M.Pharmacy Final Viva voce examination for Krishna University Campus and 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 **III & IV Semester M.Pharmacy Final Viva voce Examinations**

S. No.	Description	Date
1	Last date for payment of examination fee and submission of filled in applications through online to the Principal concerned	16-09-2015
2	Last date with late fee of Rs. <u>200/-</u> and submission of filled in applications through online to the Principals concerned	18-09-2015
3	Last date for submission of galley (spiral bounded book) in triplicate by the Principals to the Controller of Examinations, Krishna University	19-09-2015
4	Date of the Final Viva voce examination	21-09-2015 to 26-09-2015

*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:

	Amount (Rs.)
III & IV Semester viva-voce examination	: Rs. 3540
Fee for Provisional Certificate	: Rs. 60

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 one day before the date of commencement of examinations, by the candidate at their respective college and colleges shall collect their candidates hall tickets two days before the date of commencement of examinations.

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	Reser vation Category	Fee amount & date	% of atten dance	Remar ks
1	2	3	4	5	6	7	8	9	10

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

(BY ORDER)

  
(Y.K.SUNDARA KRISHNA)  
CONTROLLER OF EXAMINATIONS

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

  
**Controller of Examinations**  
**Krishna University-521 001**