

CSK HIMACHAL PRADESH KRISHI VISHVAVIDYALAYA
PALAMPUR-176062(H.P)

(Veterinary Pharmacists Training Examination to be held on _____)

Admit Card

1. Registration No.: _____
(As assigned by the University)

2. Name: _____
(In Block Letters)

3. a) Father Name: _____

b) Mother Name: _____

4.
Address: _____

5. Center for Examination: **BLM Institute of Veterinary Pharmacist- Kandyohal Sarkaghat**
(centre for examination will be the same where the training is being imparted)

Signature of Candidate

Paper-1

Paper-2

Note: No Candidate will be allowed to enter the examination Hall With this Admit Card.

Co-ordinatore,
office of the dean, COVAS,
CSKHPK, Palampur