

**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI 600 010**

**M.PHARM COURSE
2012-2013 SESSION**

**ENTRANCE EXAMINATION
IDENTIFICATION CUM ATTENDANCE SLIP**

NAME:

ENTRANCE EXAMINATION
NUMBER.....

CENTRE.....

DATE OF ENTRANCE EXAMINATION: **29.04.2012**

TIME: 10.00 AM TO 11.30 AM

*SPECIMEN SIGNATURE
OF THE CANDIDATE :

*(To be signed and sent to the Selection Committee)

(FOR USE AT EXAMINATION CENTRE ONLY)

ATTENDANCE SLIP

Affix Passport Size
Photograph -(Same
Photograph As In
Application Form &
Hall Ticket) Duly
Attested By A
Gazetted Officer.

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Signature of the Invigilator

Signature of the Candidate
With Date