

GEETANJALI UNIVERSITY, UDAIPUR

Program Wise Time Table

The below examination shall be conducted subject to prevailing Covid-19 condition and directives of the Rajasthan state government.

Scheme : M.PHARM I SEMESTER EXAMINATION MAY-2023

Institute : GIP (GEETANJALI INSTITUTE OF PHARMACY)

Program : MASTER OF PHARMACY

Branch : PHARMACEUTICAL QUALITY ASSURANCE, PHARMACOLOGY

S.No	Date & Day	Time	Subject
1	02-05-2023 (Tuesday)	10:30 AM - 1:30 PM	MODERN PHARMACEUTICAL ANALYTICAL TECHNIQUES
2	02-05-2023 (Tuesday)	10:30 AM - 1:30 PM	MODERN PHARMACUETICAL ANALYTICAL TECHNIQUES
3	05-05-2023 (Friday)	10:30 AM - 1:30 PM	ADVANCED PHARMACOLOGY -I
4	05-05-2023 (Friday)	10:30 AM - 1:30 PM	QUALITY MANAGEMENT SYSTEM
5	09-05-2023 (Tuesday)	10:30 AM - 1:30 PM	PHARMACOLOGICAL AND TOXICOLOGICAL SCREENING METHODS-I
6	09-05-2023 (Tuesday)	10:30 AM - 1:30 PM	QUALITY CONTROL AND QUALITY ASSURANCE
7	12-05-2023 (Friday)	10:30 AM - 1:30 PM	CELLULAR AND MOLECULAR PHARMACOLOGY
8	12-05-2023 (Friday)	10:30 AM - 1:30 PM	PRODUCT DEVELOPMENT AND TECHNOLOGY TRANSFER

INSTRUCTIONS TO BE FOLLOWED STRICTLY BY THE CANDIDATES WHILE APPEARING IN THE EXAMINATIONS:

- 1. All the candidates will carry their own hand sanitizer in transparent bottle.
- 2. All the candidates will cover their nose & mouth with proper mask.
- 3. All the candidates will follow Physical distance norms as per the guidelines.
- 4. All candidates will follow the precautions to be taken by them to avoid spread of Covid-19.
- 5. All candidates will ensure that they are not sick. If, sick inform immediately to the centre superintendent.
- 6. All instructions issued while appearing in Examination Centres will be strictly adhered to by the candidates.
- 7. All candidates will follow all instructions given in Admit Card.

Note:-

- 1. Complaint against question papers, if any, may be forwarded to this office through the Center Superintendent within 7 days from the date of the paper concerned, after which no compliant will be entertained.
- 2. Examinees are required to be in touch regarding date and timing of their Practical Examination.

Dated:	_												

CONTROLLER OF EXAMINATION

CC: -

- 1. P.S to President
- 2. The Registrar