



# ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

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DATE 19.02.2025

## NOTICE

It is for the information of Principals of all Colleges offering B. Pharm for the admission batch, 2023-24 affiliated to the Odisha University of Health Sciences (OUHS), Bhubaneswar, that the registration of eligible students for the 2<sup>nd</sup> semester (Regular) Examination of the B. Pharm courses for the admission batch 2023-24 is scheduled as per the following table.

Sl No.	Courses	Registration fees without fine	Last date of registration (without fine)	Last Date of Registration (With fine of Rs. 500/-)	Date of Submission of filled in forms in the University.
1	B. Pharm	1000/-	28/02/2025	04/03/2025	07/03/2025

Principals of the all colleges offering the above courses are requested to submit the duly filled in Application Form(s) [Form No. OUHS AC 003] by the eligible students within the prescribed date along with "Statement of students (Registered & Not registered)". Principals are also requested to deposit the University Fees through **SB Collect** after deducting **15%** of Registration fees towards Centre Charges on or before 07/03/2025. **The students will submit filled in application forms to the principals of the colleges without fine by 28/02/2025 and with fine by 04/03/2025 and the college will submit the application forms to OUHS, Bhubaneswar by 07/03/2025.**

Besides, verifying officers shall verify the application forms minutely as per rules of the University and put his/her full signature, with date on the bottom of each form as specified. Both the principal and verifying officer will be held responsible for any irregularities made therein and also be liable for any lapses if found later on.

No extension of date and lateral permission to students for registration to 2<sup>nd</sup> semester (Regular) Examination 2023-24 shall be entertained.

Encl: (i) Form No. OUHS Act 003 (Annexure- I)

(ii) Statement of Students (Registered & Not registered) (Annexure -II)

By order of Vice-Chancellor

  
Controller of Examinations

Dated 19.02.2025

Memo No 1244 /OUHS

Copy forwarded to the principals of all colleges offering B. Pharm courses affiliated to OUHS for the Admission Batch 2023-24 for information and necessary action.

  
Controller of Examinations



Form No. : OUHS.AC.003

**ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR**

Application Form for \_\_\_\_\_ Semester / Year (Regular / Back) / Attempt /  
Detained / Supplementary University Examinations: 20\_\_\_\_ 20\_\_\_\_

Instructions : Application shall be submitted to the Principal / Director of the respective College / Institution.

- 1) Fees is as per Academic Regulations of the University
- 2) Registration fee (including late fee if any) for University Examination (s) is to be deposited by the eligible candidate at the respective College / Institution, and the College / Institution will deposit the consolidated amount at the University within the prescribed date.
- 3) Fees received by the College / Institution and deposited at University against a candidate shall not confer any right to a candidate whatsoever; if s/he is not eligible for appearing the Examination as per Regulations prescribed by the University and in force.

College Code: \_\_\_\_\_

A.	Name of the Student ( in Capitals)
B.	University Regn. Number :
C.	Name of the College :
D.	Faculty: Medicine / Dental / Homoeopathy / Ayurveda / Nursing / Pharmacy / Allied Health Sciences ( Tick Mark)
E.	Programme / Course (Please specify)
F.	Branch (Broad / Super Specialty / Specialization; if any)
G.	University Notification No & date for Registration to Examination :

Sl	Subject Code	Subject Title	Th. / Prac.	Mark	Amount
Amount Payable					

H. Mode of Payment at College / Institution :

(i) MR No \_\_\_\_\_ Date \_\_\_\_\_ Rs.

Date :

Full Signature of Student

**FOR OFFICE USE**

Certified that the candidate is eligible to register as per the regulation in force for appearing the above-mentioned theory and / Practical Subject (s).

Verified all particulars and found correct

Recommended and forwarded his / her fees.

Verifying Officer

Date :

Signature of Principal / Director  
Seal



1. Code: \_\_\_\_\_
2. College: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Course (s): \_\_\_\_\_
5. Examination: \_\_\_\_\_
6. Name of Principal: \_\_\_\_\_
7. Mobile no of Principal (WhatsApp): \_\_\_\_\_
8. Mobile no of Sr Member Teacher: \_\_\_\_\_
9. Registration Statistics: \_\_\_\_\_

Sl	No of total Student (s)	No of eligible Students registered for the Examination without fine	No of eligible Students registered for the Examination with fine	Total fees collected from the students towards examination fee with fine if any	Total fees payable to the University after deduction of 15% of the Examination fee	Bank Demand Draft No, Date and Amount
1						

10. Not Registered List for the Examination \_\_\_\_\_ : 2023-24

[illegible]

Note: Use additional sheet if required.

Date \_\_\_\_\_

PRINCIPAL  
(SEAL)