



**GOVERNMENT OF KERALA  
DIRECTORATE OF MEDICAL EDUCATION  
BOARD OF D. PHARM EXAMINATION**

**Notification No: B7/10844/2023/DME Dated: 27/11/2023**

**D.Pharm Part I (R/S) Examination February 2024-ER2020**

Applications are invited for registration to the D-Pharm **Part I (R/S) Examination February 2024 (ER2020)** from students who have registered with the Board of D-Pharm Examinations and who are eligible to appear for the above examinations as per ER 2020 of Pharmacy Council of India.

***The Scheme of Examination is as follows:***

1	Last date for submitting the completed application form along with the required fee to the Principal of the College in which the student has undergone the course	14/12/2023
2	Last date for receipt of applications by the Chairman from the colleges	20/12/2023
3	Last date of receipt of details of Chief Supdt /Asst.Chief supdt ( <i>for GMCs only</i> ) and observers by the Chairman	20/12/2023
4	Last date of receipt of Biodata of examiners by the Chairman	20/12/2023
5	Last date of receipt of sessional marks by the Chairman	20/12/2023
6	Commencement of theory examination	01/02/2024
7	Commencement of Practical examination	19/02/2024

The examination fee and mark list fee should be remitted in any of the Government treasuries in the state under the head of account “**0210-03-105-Allopathy 98 Exam fee and other fee**” and the chalan should be submitted along with the application form.

The Principal of each college should prepare a list of candidates appearing from their college in the serial order of Reg. No. of candidates and send it to the Chairman with the following details of each candidate.

I. (a). Duly filled application form (**ER2020**) along with chalan receipt.

(b) Photocopy of front page of SSLC book bearing name of the candidate

II. Duly filled hall ticket with general instructions (**single sheet printed on both sides**)

**(To be tagged separately in Register Number order.)**

**(Note:-** Each of the above mentioned items (**item I** including “(a), & (b)” and **Item II** should be separately arranged for the entire batch in the order of their Register Nos.)

***The Examination Fee as follows:***

- First Appearance for whole subjects : Rs.400/-
- Mark list Fee : Rs. 20/-

Note:- Kindly use the attached formats for the online mode of examination and for the scheme of ER2020.

- Details of Chief superintendents and observers
- Proforma for Observers
- Application including hall ticket of candidates (ER 2020)
- Biodata of teachers (ER 2020)
- Details of internal assessment marks (ER2020)

**TIME TABLE FOR D.PHARM PART I (R/S) EXAMINATION (ER-2020) FEBRUARY 2024**

Date	Time	Course	Course Code
01/02/2024	10A.M to1 P.M	Pharmaceutics	ER20-11T
02/02/2024	10A.M to1 P.M	Pharmaceutical Chemistry	ER20-12T
05/02/2024	10A.M to1P.M	Pharmacognosy	ER20-13T
06/02/2024	10A.M to1 P.M	Human Anatomy &Physiology	ER20-14T
07/02/2024	10A.M to1 P.M	Social Pharmacy	ER20-15T

Sd/-

**Chairman**

**Directorate of Medical Education**

**Thiruvananthapuram-695011**

**Board of D.Pharm Examinations**

**NB:** All correspondence related to the examination shall be addressed to The Chairman, Board of D.Pharm Examinations, Directorate of Medical Education, Govt. Medical College, Thiruvananthapuram-695011.

No	Name of Centre
1	Govt. Medical College, Thiruvananthapuram A. College of Pharmaceutical Sciences B. Priyadarshini Institute of Paramedical Sciences
2.	Govt. T.D. Medical College, Alappuzha
3	Govt. Medical College, Kottayam
4	Govt. Medical College, Kozhikode
5	Sreekrishna College of Pharmacy & Research Centre, Parassala. TVPM
6	Kerala Academy of Pharmacy, Kattakkada, TVPM
7	Ezhuthachan College of Pharmaceutical Sciences. Marayamuttam, TVPM
8	Dale View College of Pharmacy & Research Centre, Punalal, TVPM
9	Shree Vidhyadhira College of Pharmacy, Nemom, TVPM
10	John Enoch College of Pharmacy, Karamana. TVPM
11	Mar Dioscorus College of Pharmacy, Sreekariyam, TVPM
12	A.J. College of Pharmacy, Thonnakkal. TVPM
13	MGM Silver Jubilee College of Pharmacy, Kilimanoor, TVPM
14	Fathima College of Pharmacy, Kollam.
15	Ayisha Majeed College of Pharmacy Karunagappally Kollam
16	Dr. Joseph Mar Thoma Institute of Pharmaceutical Sciences & Research, Kattanam, Alappuzha
17	AES College of Pharmacy, Ambalappuzha.
18	St. Joseph College of Pharmacy, Alappuzha.
19	KVM college of Pharmacy, Cherthala
20	SNGM College of Pharmacy, Thuravoor, Cherthala.
21	Hindustan College of Pharmacy, Kanjirappally, Kottayam
22	Caritas College of Pharmacy, Thellakom, Kottayam
23	Al-Azhar College of Pharmacy, Thodupuzha, Idukki
24	KMP College of Pharmacy, Perumbavoor
25	Lisie College of Pharmacy, Cochin.
26	Chemists College of Pharmaceutical Sciences & Research, Ernakulam
27	Institute of Pharmaceutical Sciences, Aluva.
28	Nirmala College of Health Science, Chalakkudi
29	Holy Grace Academy of Pharmacy, Mala
30	Holy Queen College of Pharmaceutical Sciences and Research, Thrissur
31	West Fort College of Pharmacy, Thrissur
32	Triveni Institute of Pharmacy, Kechery, Thrissur.
33	Nehru College of Pharmacy, Thiruvilwamala, Thrissur
34	Prime College of Pharmacy, Palakkad
35	Sanjo College of Pharmaceutical Studies, Palakkad
36	Jamia Salafiya College of Pharmacy, Pulickal. Malappuram
37	Al-Shifa College of Pharmacy, Perinthalmanna. Malappuram
38	Devaki Amma Memorial College of Pharmacy, Malappuram.
39	KMCT College of Pharmacy. Kuttippuram, Malappuram
40	National College of Pharmacy, Kozhikode.
41	JDT Islam College of Pharmacy, Kozhikode
42	Crescent College of Pharmacy, Kannur.
43	MGM College of Pharmacy Kannur.
44	Malik Deenar College of Pharmacy, Kasargod.

**DIRECTORATE OF MEDICAL EDUCATION  
BOARD OF D. PHARM EXAMINATION**

Name of Examination- D. Pharm Part I/II (R/S) Examination .....(month).....(year)

Scheme of examination-ER1991/ER 2020 (*strike off which is not applicable*)

Name of centre .....

Permanent email ID of the centre (for D.Pharm exams)

Period of examinations- From                      to                      (   ) days

• **Details of Chief Superintendent.**

Name & designation of Chief Supdt. /Asst. Chief Supdt. (*for GMC only*)-

Mobile number of Chief Supdt.(Whats App)-

• **Details of faculty members to be posted as Observers**

Sl No	Name & Designation	Mobile No	Total teaching experience	Residential address

*(Note- Faculty members having a teaching experience of minimum **five years** shall be posted as observers. Furnish the details of minimum two/three members)*

Place-  
Date-  
Office seal

Principal -  
Signature -  
Name -

**DIRECTORATE OF MEDICAL EDUCATION**  
**BOARD OF D. PHARM EXAMINATIONS**  
*(Proforma to be filled by the Observers on each day of examination)*

Name of Examination-D. Pharm Part I (R/S) Examination ...(month)...(year)

Name of centre-.....

Scheme of examination ER 1991/ER 2020 *(strike off which is not applicable)*

Date & subject of examination-

Reporting time of the observer at the centre-

- a. Whether the question paper was downloaded and adequate numbers printed at the right time-Yes/No
- b. Whether all the seating arrangements were adequate in the hall- Yes/No
- c. Did the invigilators check the hall tickets of all the candidates- Yes/No
- d. Whether any candidate was permitted to enter the hall after the stipulated time - Yes/No  
If yes specify his/her Reg No and give reasons for the late entry
- e. Whether any malpractice noticed during examination- Yes/No  
If yes whether the Chief Superintendent reported it in the prescribed manner - Yes/No
- f. Did you verify the register numbers in the answer booklets of candidates with the nominal roll before packing- Yes/No
- g. Whether CCTV and camera were working properly throughout- Yes/No
- h. Whether the CD covering the entire process of the examination was included in the packet- Yes/No
- i. Are there proper toilet facilities near the examination hall- Yes/No
- j. Remark about the overall conduct of the examination- *(Write in 2-3 sentences)*

Place

Date

Name of Observer-

Signature-

Official Address-

Mobile No-

*Note- Use separate sheets for ER 2020 and ER1991. Send the report of all the days of examinations together (both ER 2020 & ER 1991) in a single envelop on the day of last examination to the Chairperson. Write the official address of the observer on the envelop.*

**BOARD OF DIPLOMA IN PHARMACY EXAMINATION**  
 DIRECTORATE OF MEDICAL EDUCATION, THIRUVANANTHAPURAM – 11  
 GOVERNMENT OF KERALA  
**APPLICATION FOR APPEARING IN D. PHARM PART -I/PART-II EXAMINATIONS,**  
 ..... (Month), 20..... (Year) (ER-2020)

INSTRUCTIONS FOR SUBMITTING THE APPLICATION

1. Columns should be carefully filled in by the candidate in his/her own handwriting.
2. Name of the candidate should be entered exactly as in the qualifying certificate  
(Plus Two/Higher Secondary/Pre Degree/Degree)
3. Name containing more than one word should be shown separately. Initials should be entered last.
4. The alphabets 'I' and 'Y' should not be interchanged (KUMARI/KUMARY)

Recent Passport  
size photograph  
to be pasted  
here

(Attested on the front by the Principal)

1. Name of candidate: (Capital letters): .....
2. Sex: Male/Female
3. Register Number: .....
4. Month and year of registration: .....
5. Course(s) for which candidate is appearing – Put tick (wherever applicable)

**Part-I**

Whole exam	ER20-11T	ER20-11P	ER20-12T	ER20-12P	ER20-13T	ER20-13P	ER20-14T	ER20-14P	ER20-15T	ER20-15P

**Part-II**

Whole exam	ER20-21T	ER20-21P	ER20-22T	ER20-22P	ER20-23T	ER20-23P	ER20-24T	ER20-24P	ER20-25T	ER20-25P	ER20-26T

[ER20: Educational Regulations 2020, 11: Pharmaceutics, 12: Pharmaceutical Chemistry, 13: Pharmacognosy, 14: Human Anatomy & Physiology, 15: Social Pharmacy, 21: Pharmacology, 22: Community Pharmacy & Management, 23: Biochemistry & Clinical Pathology, 24: Pharmacotherapeutics, 25: Hospital & Clinical Pharmacy, 26: Pharmacy Law & Ethics, T: Theory, P: Practical]

6. Course(s) for which candidates passed till now:

**Part I**

Month and Year	Course Code									
	ER20-11T	ER20-11P	ER20-12T	ER20-12P	ER20-13T	ER20-13P	ER20-14T	ER20-14P	ER20-15T	ER20-15P

**Part II**

Month and Year	Course Code										
	ER20-21T	ER20-21P	ER20-22T	ER20-22P	ER20-23T	ER20-23P	ER20-24T	ER20-24P	ER20-25T	ER20-25P	ER20-26T

7. Details of fee remitted

Amount	Name of Treasury/Office	Date

Date:

Signature of the candidate

**CERTIFICATE**

This is to certify that the applicant is/was a bonafide student of this college for the period ..... and he/she is eligible to appear for the above examination after having regularly & satisfactorily undergone the program of study by attending not less than 75% of the theory and practical classes held separately in each of the courses of D.Pharm Part I/Part II program of Education Regulations 2020 of Pharmacy Council of India.

Date:

Name and Signature of the  
Principal/Head of Institution

**BOARD OF DIPLOMA IN PHARMACY EXAMINATION**  
 DIRECTORATE OF MEDICAL EDUCATION, THIRUVANANTHAPURAM – 11  
 GOVERNMENT OF KERALA

**HALL TICKET**

**D PHARM PART I/ PART II EXAMINATION..... (Month), 20..... (year) (ER-2020)**

(Score off which is not applicable)

Recent Passport size photograph to be pasted here

REGISTER NUMBER	
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Recent Passport size photograph to be pasted here
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*(Attested by the Chairman)*

1. Name of the candidate (Capital letters):
  
2. Name and address of the institution where the candidate has undergone the program
  
3. Centre and Place of Examination (Capital letters):
  
4. Courses(s) for which the candidate appearing (Please tick in the right column):

Whole <b>Part-I</b> Exam- ination	Pharmaceutics		Pharmaceutical Chemistry		Pharmacognosy		Human Anatomy &Physiology		Social Pharmacy	
	ER20- 11T	ER20- 11P	ER20- 12T	ER20- 12P	ER20- 13T	ER20- 13P	ER20- 14T	ER20- 14P	ER20- 15T	ER20- 15P

Whole <b>Part-II</b> Exam- ination	Pharmacology		Community Pharmacy &Management		Biochemistry &Clinical Pathology		Pharmaco- therapeutics		Hospital &Clinical Pharmacy		Pharmacy Law &Ethics
	ER20- 21T	ER20- 21P	ER20- 22T	ER20- 22P	ER20- 23T	ER20- 23P	ER20- 24T	ER20- 24P	ER20- 25T	ER20- 25P	ER20- 26T

Name & Signature of Principal/Head

Signature of the candidate

## GENERAL INSTRUCTIONS TO CANDIDATES

1. Candidates should take their places in the exam hall at least 30 minutes before the commencement of examination. NO LATE ENTRY is permitted on any grounds.
2. Candidates should bring with them to the exam hall on each day of examination their hall ticket for inspection by Superintendent/Invigilator/External examiner/Internal examiner on duty.
3. Candidates are prohibited from writing on their hall tickets/question paper.
4. Candidates are prohibited from writing the Register No. on any part of the answer book other than in the space provided in the facing sheet.
5. Candidates are prohibited from writing their names/improper or irrelevant remarks or signs on any part of the answer books.
6. Candidates are prohibited from bringing into the examination hall any books, notes, portion of book, manuscript or paper of any description. They are also prohibited from communicating with or copying from each other and from communicating with any other person outside the examination hall. Violation of these rules will amount to malpractice and appropriate action will be taken in such cases.
7. Candidates are NOT permitted to bring mobile phone/smart watch in to the examination hall.
8. No candidate will be allowed to leave the examination hall before the expiry of at least half an hour after question paper has been given. In case of unavoidable reasons, a candidate with special permission of the Chief/Assistant Superintendent may leave the examination room temporarily, but during his/her stay outside, he or she must be under the surveillance of a trust worthy person to be deputed by the Chief Superintendent for that purpose.
9. Candidates must provide themselves with pens, pencils and drawing materials.
10. Candidates should leave the answer book in their seats before leaving the examination hall.
11. Strict silence should be maintained in the examination hall.

### Biodata of examiners for D. Pharm Part I (R/S) Examination February-2024 (ER 2020)

Course	Internal Examiner For Practical		External Examiner for Practical		Evaluator for Theory papers	
	Name, Designation &Contact No.	Qualification &Experience	Name, Designation & Contact No.	Qualification & Experience	Name, Designation &Contact No.	Qualification & Experience
Pharmaceutics						
Pharmaceutical Chemistry						
Pharmacognosy						
HumanAnatom y&Physiology						
Socialpharmacy						

**Name & Signature of Principal:-**