GOVERNMENT OF KERALA
DIRECTORATE OF MEDICAL EDUCATION
BOARD OF D. PHARM EXAMINATIONS

Notification No: B8/5567/2026/DME Dated: 27/10/2026

D.Pharm Part II Regular/Supplementary Examination January 2027– ER2020

Applications are invited for registration to the D.Pharm **Part II (R/S)** Examination **January 2027 (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	12/11/2026
2	Last date for sumission of application with examination Application late fee (fine) Rs.100/- per subject	16/11/2026
3	Last date for sumission of application with examination Application late fee (Superfine) Rs.200/- per subject	18/11/2026
4	Last date for receipt of applications by the Chairperson from the colleges	20/11/2026
5	Last date of receipt of details of Chief Supdt /Asst.Chief supdt (*for GMCs only*) and observers by the Chairperson	20/11/2026
6	Last date of receipt of Biodata of examiners by the Chairperson	20/11/2026
7	Last date of receipt of sessional marks by the Chairperson	20/11/2026
8	Last date of receipt of sessional marks by the Chairperson with fine for late submission of Internal Assessment Mark Rs.5000/- College/Examination	23/11/2026
9	Commencement of theory examination	13/01/21027
10	Commencement of Practical examination	27/01/2027

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 Chairperson 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.
(To be tagged in Register Number order.)
II. Duly filled hall ticket with general instructions **(single sheet printed on both sides)**
(To be tagged as a separate set in Register Number order.)
(**Note:-** Each of the above mentioned items (**item I** including "(a), & (b)" and **Item II** should be separately arranged in the order of their Register Nos.*)*

The Examination Fee as follows:

- Exam applicatin fee : 100/- application per candidate
- First appearance for whole subjects : 200/- per subject (1200/-)
- Subsequent appearance : 250/- per subject
- Mark list fee : 75/-

Note:- Examination and other fee is revised as per G.o (Rt) 3470/2026 H&FW Dated:15/10/2026

Note:- Kindly use the appended forms (I to VII) for the examination.

- Application of candidates (ER 2020)
- Hall ticket of candidates(ER 2020)
- Details of Chief superintendents and observers (**also send through email in word format**) **Email ID: dmedpharmsection@gmail.com**
- Biodata of examiners (ER 2020)(**also send through email in word format**) **Email ID: dmedpharmsection@gmail.com**
- Proforma of sessional mark & Nominal Roll (ER-2020) & (**also send through email in excel format**) **Email ID: dmedpharmsection@gmail.com.**
- Appendix D - for practical training.

TIME TABLE FOR D.PHARM PART II (R/S) EXAMINATION (ER-2020) January 2027

Date	Time	Course	Course Code
13/01/2027	10A.M to1 P.M	Pharmacology	ER20-21T
14/01/2027	10A.M to1 P.M	Community Pharmacy & Management	ER20-22T
15/01/2027	10A.M to1P.M	Biochemistry & Clinical Pathology	ER20-23T
18/01/2027	10A.M to1 P.M	Pharmacotherapeutics	ER20-24T
19/01/2027	10A.M to1 P.M	Hospital & Clinical Pharmacy	ER20-25T
20/01/2027	10A.M to1 P.M	Pharmacy law & Ethics	ER20-26T

Sd/-
Chairperson
Board of D.Pharm Examinations

Directorate of Medical Education
Thiruvananthapuram-695011

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

Sl.No	College Code	Name of College
1	DP 01	College Of Pharmaceutical Sciences
2	DP 02	Priyadarshini Institute Of Paramedical Sciences
3	DP 03	Govt. T.D. Medical College, Alappuzha
4	DP 04	Govt. Medical College, Kottayam
5	DP 05	Govt. Medical College, Kozhikode
6	DP 06	Sreekrishna College Of Pharmacy & Research Centre, Parassala. Tvpm
7	DP 07	Kerala Academy Of Pharmacy, Kattakkada, Tvpm
8	DP 08	Ezhuthachan College Of Pharmacuetical Sciences. Marayamuttam, Tvpm
9	DP 09	Dale View College Of Pharmacy &Research Centre, Punalal, Tvpm
10	DP 10	Shreevidhyadhiraja College Of Pharmacy, Nemom, Tvpm
11	DP 11	Johnenoch College Of Pharmacy, Karamana. Tvpm
12	DP 12	Mar Dioscorus College Of Pharmacy, Sreekariyam, Tvpm
13	DP 13	A.J.College Of Pharmacy, Thonnakkal. Tvpm
14	DP 14	MGM Silver Jubilee College Of Pharmacy, Kilimanoor, Tvpm
15	DP 15	Fathima College Of Pharmacy,Kollam.
16	DP 16	Ayisha Majeed College Of Pharmacy Karunagappally Kollam
17	DP 17	Dr. Joseph Mar Thoma Institute Of Pharmaceutical Sciences &Research, Kattanam, Alappuzha
18	DP 18	AES College Of Pharmacy, Ambalappuzha.
19	DP 19	St.Joseph College Of Pharmacy, Alappuzha.
20	DP 20	KVM College Of Pharmacy, Cherthala
21	DP 21	Sree Gokulam SNGM College Of Pharmacy, Thuravoor, Cherthala.
22	DP 22	Hindustan College Of Pharmacy, Kanjirappally, Kottayam
23	DP 23	Caritas College Of Pharmacy, Thellakom ,Kottayam
24	DP 24	Al-Azhar College Of Pharmacy, Thodupuzha, Idukki
25	DP 25	Indira Gandhi Institute Of Pharmaceutical Sciences, Perumbavoor, Ernakulam
26	DP 26	Lisie College Of Pharmacy, Cochin.
27	DP 27	Chemists College Of Pharmaceutical Sciences &Research, Ernakulam
28	DP 28	MGM Silver Jubilee College Of Pharmaceutical Sciences & Research, Pampakuda, Ernakulam
29	DP 29	Institute Of Pharmaceutical Sciences, Aluva.
30	DP 30	Nirmala College Of Health Science, Chalakkudi
31	DP 31	Holy Grace Academy Of Pharmacy, Mala
32	DP 32	Holy Queen College of Pharmaceutical Sciences and Research,

		Thrissur
33	DP 33	West Fort College Of Pharmacy, Thrissur
34	DP 34	Triveni Institute Of Pharmacy, Kechery, Thrissur.
35	DP 35	Nehru College Of Pharmacy, Thiruvilwamala, Thrissur.
36	DP 36	Elims College Of Pharmacy, Ramavarmapuram, Thrissur.
37	DP 37	Prime College Of Pharmacy, Palakkad
38	DP 38	Sanjo College Of Pharmaceutical Studies, Palakkad
39	DP 39	KTN College Of Pharmacy, Ottapalam, Palakkad
40	DP 40	Jamia Salafiya Pharmacy College, Pulickal. Malappuram
41	DP 41	Al-Shifa College Of Pharmacy, Perinthalmanna. Malappuram
42	DP 42	Devaki Amma Memorial College Of Pharmacy,Malappuram.
43	DP 43	KMCT College Of Pharmacy. Kuttippuram, Malappuram
44	DP 44	Moulana College Of Pharmacy, Perinthelmanna, Malappuram
45	DP 45	MGM College Of Pharmaceutical Sciences, Valanchery, Malappuram
46	DP 46	National College Of Pharmacy, Kozhikode.
47	DP 47	JDT Islam College Of Pharmacy, Kozhikode
48	DP 48	Dr.Moopens's College Of Pharmacy, Meppadi, Wayanad
49	DP 49	Crescent College Of Pharmacy, Kannur.
50	DP 50	MGM College Of Pharmacy Kannur.
51	DP 51	Malik Deenar College Of Pharmacy, Kasargod.
52	DP 52	St.John's College of Pharmaceutical Science and Research, Kattappana South, Idukki

Appendix -I

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

Appendix -II

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	

Recent Passport size photograph to be pasted here

(Attested by the Chairperson)

1. Name of the candidate (Capital letters):

2. Name and address of the institution where the candidate has undergone the program

3. Center and Place of Examination (Capital letters):

4. Courses(s) for which the candidate appearing (Please tick in the right column):

Whole **Part-I** 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 **Part-II** 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 of the Institution

Signature of the candidate

GENERAL INSTRUCTIONS TO CANDIDATES

(to be printed on the reverse side of the hall ticket)

1) All candidates must enter the examination hall before 9:30 AM for forenoon session examinations and before 1:00 PM for afternoon session examinations. **Late entry is not permitted under any circumstances.**
2) Candidates must bring their hall ticket and registration card to the examination hall each day and produce it for inspection by the Chief Superintendent, Observer, Squad Member, Invigilator, External Examiner, Internal Examiner, or any officer entrusted/authorised by the Chairperson, Board of D.Pharm. Examinations for this purpose. **Candidates without a valid hall ticket and registration card will not be allowed to enter the examination hall or appear for the examination.**
3) Strict silence, discipline, and decorum must be maintained in the examination hall at all times.
4) CCTV surveillance is done to monitor the whole examination proceedings, which shall be sent to the Chairperson, Board of D.Pharm. Examinations, along with the answer books.
5) Drinking water shall be available inside the examination hall. **Candidates are NOT allowed to bring personal water bottles into the hall.**
6) Candidates must remain in the examination hall throughout the duration of the examination. In case of unavoidable circumstances, a candidate may leave the hall temporarily with special permission from the Chief Superintendent, provided they remain under the surveillance of an authorised and responsible person deputed by the Chief Superintendent.
7) Candidates must bring their own stationery like pens, pencils, and drawing materials to the examination hall. Borrowing is not allowed.
8) Any mistakes/corrections made to the facing sheet of the answer book must be reported to the Invigilator immediately. Any corrections made to the register number in the answer books must be countersigned by the Chief Superintendent.
9) Do not leave any blank space between the answers. Ensure to put ‘X’ marks in the unused pages/blank portions of the answer book.
10) Answer books must be handed over to the invigilator before leaving the examination hall. Answer books should not be left on the table when the candidate leave the hall.
11) **Violating the following instructions shall be treated as malpractice, and shall be reported to the Chairperson, Board of D.Pharm. Examinations for appropriate action.**

- Candidates are prohibited from bringing any books, portions of books, notes, manuscripts or papers of any kind, scales/rulers with any writings or drawings on it, pencil boxes and pouches, and water bottles into the examination hall.
- Candidates are not allowed to bring mobile phones, smartwatches, or any other electronic gadgets/communication devices into the examination hall. Simple calculators are allowed only in examinations where their use is permitted.
- Writing or drawing on hall tickets or question papers is strictly prohibited, except for the Register Number in the designated space on the question paper.
- Candidates must not write their Register Number anywhere in the answer book except in the space provided on the facing sheet. Writing names, improper or irrelevant remarks/signs, or any identification marks on the answer book is strictly prohibited.
- Communicating with other candidates or with anyone outside the examination hall, copying from one another or resorting to any other unfair means is prohibited.

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Appendix -III

DIRECTORATE OF MEDICAL EDUCATION
BOARD OF D. PHARM EXAMINATION

DETAILS OF CHIEF SUPERINTENDENT AND OBSERVERS

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)* ***Softcopy in word format shall be mailed to (mail-id:dmedpharmsection@gmail.com)***

Place-
Date-

Principal -
Signature -
Name –

Office seal

Appendix -IV

Biodata of examiners for D. Pharm Part II (R/S) Examination January 2027 (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
Pharmacology						
Community Pharmacy & Management						
Biochemistry & Clinical Pathology						
Pharmacotherapeutics						
Hospital & Clinical Pharmacy						
Pharmacy Law & Ethics	-	-	-	-		

Softcopy in word format shall be mailed to **(mail-id:dmedpharmsection@gmail.com)**

Name & Signature of Principal/Head of the institution:-

Appendix -V

D.PHARM PART- II (R/S) EXAMINATION NOMINAL ROLL (ER-2020) ……..…….

SL : NO	REGISTER NUMBER	Name of the Student	WHOLE Subjects	Pharmacology		Community Pharmacy & Management		Biochemistry & Clinical Pathology		Pharmacotherapeutics		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	ER 20- 26
				T	P	T	P	T	P	T	P	T	P	T
	Eg:- 1	For regular (Whole subjects) denote	**W**											
	Eg:- 2	For supplementary students denote		21T		22T					24P			

Note: 1. ***Softcopy in Excel format shall be mailed to*** **(mail-id:dmedpharmsection@gmail.com)**

2. Write the applied subject code **only** on relevant column as 21T, 22T etc for supplementary students.

Principal/ Head of institution

CERTIFICATE

Certified that the name of the students entered in the above list is same as per their SSLC Book and its correctness is checked and verified in our institution.

Principal/ Head of institution

Appendix -VI

D.PHARM PART- II (R/S) EXAMINATION SESSIONAL MARK (ER-2020) ……..…….

SL : NO	REGISTER NUMBER	Name of the Student	WHOLE Subjects		Pharmacology		Community Pharmacy & Management		Biochemistry & Clinical Pathology		Pharmacotherapeutics		Pharmacy Law & Ethics
			ER 20-21T	ER 20-21P	ER 20-22T	ER 20-22P	ER 20-23T	ER 20-23P	ER 20-24T	ER 20-24P	ER 20-25T	ER 20-25P	ER 20- 26
			T	P	T	P	T	P	T	P	T	P	T

Note: 1. ***Softcopy in Excel format shall be mailed to*** **(mail-id:dmedpharmsection@gmail.com)**

2. For Supplementary students enter the sessional marks for the applied subjects **only**.

3. Enter the marks in this format **only** on relevant column. Eg:- 9, 12 etc

Principal/ Head of institution

CERTIFICATE

Certified that the marks and name of the students entered in the above list and its correctness is checked and verified in our institution.

Principal/ Head of institution

Appendix -VII

APPENDIX - D

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(Education Regulation 2020 for the D. Pharmacy)

SECTION I

This form has been issued to……...……... ……..…..…….. (Name of the Student Pharmacist) son of / daughter of …….. ……..…….……residing at …….…….……. …….…….....……..…who has produced evidence before me that he / she is entitled to receive the practical training as set out in the Education Regulations, 2020 made under section 10 of the Pharmacy Act, 1948.

Date: (Seal) The Head of the academic Institution
Imparting Practical training

SECTION II

I …...……...…… (Name of the Student Pharmacist) accept …….....….....…..... (Name of the Apprentice Master) of …….……...……..... (Name of Institution/ Hospital/ Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

(Student Pharmacist)

SECTION III

I …….....… (Name of Apprentice Master) accept ……..…..…. (Name of the Student Pharmacist) as a trainee and I agree to give him / her training facilities in my organization so that during his / her training he / she may acquire;

1. Working Knowledge of keeping of records required by the various Acts affecting the profession of Pharmacy; and

2. Practical Experience in –
   1) Stocking of Drugs and Medical Devices
   2) Inventory control procedures
   3) Handling of prescriptions
   4) Dispensing
   5) Patient counseling

I also agree that a Registered Pharmacist shall be assigned for his / her guidance.

Name of the Trainer
Pharmacist (Apprentice Master)
Name & Address of the Institution

PRC. No. (Seal)
Date:

SECTION IV

I certify that…….....……... (Name of Student Pharmacist) has undergone.……..... hours training spread over ……...……..……months (from …..…… to ……...…….) in accordance with the details enumerated in SECTION III.

Date: The Head of the Institution imparting practical training

(Seal)

SECTION V

I certify that …….....…… (Name of Student Pharmacist) has completed in all respect his / her practical training under regulation 18 of the Education Regulations, 2020 made under section 10 of the Pharmacy Act, 1948. He / She had his / her practical training in an Institution approved by the Pharmacy Council of India.

Date: (Seal) Head of the Academic Institution