ANDHRA UNIVERSITY

Grams: UNIV ERSITY: VISAKHAPATNAM Telephone: VISAKHAPATNAM No.2844000

Fax: 0891-2755324 Office: 0891-2844047.



All official letters, packages, etc, should be addressed to the Registrar by designation and not by name

> Visakhapatnam, Date 16-11 -2019.

No. EVIII/(5)/B.Pharm/Lab/2019

From: THE REGISTRAR

To
The Principal
College of Pharmaceutical Sciences
Andhra University
Viskhapatnam

Sir,

Sub:- A.U. B. Pharmacy approval of Panel of Examiners for Practical's Examinations of IV/IV Ist semester (2016-20 Batch) Regular & Supplementary Examinations November 2019.- Reg.

Ref:- Your letter dated 06-11-2019

** ** **

With reference to your letter cited above, I am by direction to inform you that the panel of Examiners for conducting Practical's for IV/IV, Ist (2016-20 Batch) Semester Regular Supplementary end B.Pharmacy Exams scheduled in November -2019, have been approved.

Yours faithfully

DEPUTY REGISTRAR (EXAMS.)

Encl: List of Panel of Examiners Enclosed.
Copy to the Principal's of concerned colleges
Copy to the Dean of Examinations (PG), A.U., Visakhapatnam
Copy to the Supdt. EIX Section for taking necessary action
Copy to the A-VI Section for taking necessary action