

ANDHRA UNIVERSITY

Grams: UNIVERSITY: 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 05-08-2019.

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

From:
THE REGISTRAR

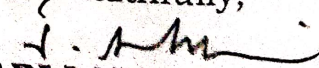
To
The Principal
College of Pharmaceutical Sciences
Andhra University
Visakhapatnam

Sir,

Sub:- A.U. B. Pharmacy approval of Panel of Examiners for of I/IV Year end
2013-14 Regulations) Supplementary Practicals Examinations July- 2019.Reg.
Ref:- Your letter dated 27-07-2019

With reference to your letter cited above, I am by direction to inform you that the panel of Examiners for conducting for I/IV, Year end 2013-14 Regulations) Supplementary Practical's Examination scheduled in July -2019, have been approved .

Yours faithfully,


(J.ADI LAKSHMI)

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