



Shri Govind Guru University
(Established Vide Gujarat Act No. 24/2015)

શ્રી ગોવિંદ ગુરુ યુનિવર્સિટી

(ગુજરાત એક્ટ નં. ૨૪/૨૦૧૫ દ્વારા સ્થાપિત)
મુ. પો. વિઝોલ, તા. ગોધરા, જિ. પંચમહાલ- ૩૮૮૭૧૩

SGGU/NOTIFICATION/BHMS/2024/3525

Dt. 06/06/2024.

NOTIFICATION: EXAM/1368
Programme of the B.H.M.S. Second Year (Repeater)
Practical Examination
June, 2024

The detailed time table of **Second Year B.H.M.S. (Repeater)** Practical Examination of Shri Govind Guru University, Vinzol(Godhra) is here by declared as per details given below:

All Candidates Who Enrolled/Enlisted/Registered in B.H.M.S. Programme of this University and filled the examinations form in proper format after following due procedure are requested to remain present at least 15 minutes before the time set for the Exam. Candidates are also advised to adhere all the Rules, Regulations and Ordinances, etc. framed by the university for examinations of the B.H.M.S. Programme.

The Practical examination will be conducted in the following order

Second Year B.H.M.S. (Repeater) Practical Examination - June, 2024			
Exam Time: 09:00 A.M. Onwards			
DATE	SEAT NO.	SUBJECT	CENTRE
13-06-2024 Thursday	All Student*	Pathology	Pioneer Homeopathy College, Vadodara.
14-06-2024 Friday	All Student*	Homeopathic Materia Medica	
15-06-2024 Saturday	35 To 78*	Forensic Medicine and Toxicology	
	80 To 123*	Organon of Medicine	
16-06-2024 Sunday	80 To 123*	Forensic Medicine and Toxicology	
	35 To 78*	Organon of Medicine	
13-06-2024 Thursday	All Student*	Forensic Medicine and Toxicology	Shree Shamalaji Homoeopathic Medical College, Godhra.
14-06-2024 Friday	All Student*	Pathology	
15-06-2024 Saturday	All Student*	Organon of Medicine	
16-06-2024 Sunday	All Student*	Homeopathic Materia Medica	

*Applicable to all students whose seat no is amid indicated seat nos.

1. Candidate should remain present 15 minutes before the commencement of exam.
2. Mobile phones are strictly prohibited in the laboratory.
3. For Practical Examination Necessary Equipment and Models will be arranged by concerned Institute/College.



By order,

[Signature]
Controller of Examination

Copy to:

1. All the Students Concerned.
2. All the Principal of affiliated Colleges Concerned.