

**DIRECTORATE OF ACADEMIC AUDIT CELL**

(Accredited with Grade 'B' by NAAC)

**PALAMURU UNIVERSITY****MAHABUBNAGAR – TS.****Lr. No:** 140/ALMANAC/M. Pharmacy/Acad./PU/2024-25**Date:** 04-03-2025.

To

All the Principals of Campus, Affiliated Colleges Offering  
M. Pharmacy Course under Palamuru University.

Sir/Madam,

**Sub:** Palamuru University, Mahabubnagar – Directorate of Academic Audit Cell –ALMANAC –  
II- Semester of M. Pharmacy Course - for the academic year 2024-25 - Communication of  
Approval – Reg.

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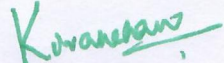
With reference to the subject cited, I am desired to communicate the approval of the University for the following ALMANAC of II - Semester of M - Pharmacy course, Palamuru University for the Academic Year 2024-25.

<b>M. Pharmacy (II - Semester)</b>		
<b>S.No</b>	<b>Particulars</b>	<b>Dates</b>
1.	Commencement of Classes	05-03-2025
2.	Cut-off Date for Readmission into II- Semester	04-04-2025
3.	Internal Assessment – I	05-05-2025 & 06-05-2025
4.	Summer Vacation	16-05-2025 to 15-06-2025
5.	Internal Assessment – II	07-08-2025 & 08-08-2025
6.	Internal Practical Examinations	11-08-2025
7.	Last Date of Instruction	12-08-2025
8.	Preparation Holidays/Practical Examinations	13-08-2025 to 22-08-2025
9.	Commencement of End Semester Exams	23-08-2025 onwards

  
**JOINT DIRECTOR**

Copy to:

1. The Dean, Faculty of Pharmaceutical Sciences, PU.
2. The Controller of Examinations, PU.
3. The Additional Controller of Examinations (PG), PU.
4. The PS to VC, PU.
5. The PA to Registrar, PU.

  
**DIRECTOR**