

OFFICIAL TRANSCRIPT

Name of the Student :
Gender :
Date of Birth :
Nationality :
Parent / Guardian (as per University records) :
Permanent Address :
KUHS Registration Number :
Name of the Course : Bachelor of Pharmacy – B. Pharm
Medium of Instruction: EnglishDegree awarded by: Kerala University of Health Sciences, Thrissur, Kerala, India
Name of the College of study :
Address of the College of study :
Duration of the Course : Four years
Date of admission :
Date of Completion of Course :
Date of publication of final result :

SI. No	Subjects	Numbers of hours prescribed		Numbers of hours attended		Max.	Marks	Month & Year of
		Theory	Practical	Theory	Practical	Marks	Obtained	Exam
II Ye	ear B.Pharm			·				
1	Pharmaceutical Chemistry- III (Advanced Organic Chemistry)	75	75			300		
2	Pharmaceutical Analysis- I	50	150			300		
3	Pharmaceutics-II (Physical Pharmacy)	50	75			300		
4	Pathophysiology & Health Education	50	-			150		
5	Mathematics, Biostatistics& Computer Applications	100	-			150		
6	Pharmaceutical Technology	50	75			300		
7	Applied Biochemistry& Molecular Biology	75	75			300		
	Total	450	450			1800		
III Y	ear B.Pharm							
1	Pharmaceutics-III (Pharmaceutical Microbiology & Biotechnology)	50	75			300		
2	Pharmaceutical Chemistry IV (Chemistry of Natural Products)	75	75			300		
3	Pharmacology-I	75	75			300		
4	Pharmaceutics –IV (Biopharmaceutics & Pharmacokinetics)	50	75			300		
5	Pharmaceutical Jurisprudence	50	-			150		
6	Pharmacognosy-II	75	75			300		
7	Pharmaceutical Industrial Management	50	-			150		
	Total	425	375			1800		

IV Year B.Pharm										
1	Pharmaceutical Chemistry- V (Medicinal Chemistry)	75	75	300						
2	Pharmaceutical Analysis-II	50	75	300						
3	Pharmacognosy-III	50	75	300						
4	Pharmaceutics-V (Formulative & Industrial Pharmacy)	75	150	300						
5	Pharmacology-II	75	75	300						
6	Pharmacy Practice	50	50	300						
7	Project work	25	-	100						
	Total	400	500	1900						
	Grand Total	1275	1325	5500						
Classification : University Rank (if any) : Verified & Found Correct CERTIFICATE This is to certify and confirm that Mr/Ms with KUHS Registration Nowas a bonafide student of Bachelor of Pharmacy (B.Pharm) course from(month and year) to(month and year). This is a regular course of Four years conducted at (Name of the College) as per the requirements prescribed by the Kerala University of Health Sciences and Pharmacy Council of India. He/she has successfully completed the course and was awarded the Provisional Degree certificate / Degree Certificate on										
	ntroller of Examinations me & Signature				Authority of Name & Sig	f the University gnature				
Pla	ce: Thrissur									
Dat	e:									