



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR-680 596, KERALA, INDIA

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: Master of Pharmacy -Pharmaceutics

Medium of Instruction: English

Degree 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: Two years

Date of admission:

Date of Completion of Course:

Date of Publication of Final Result:

Course Curriculum

I Year M Pharm Pharmaceutics (Part 1)					
SI. No.	Subjects	Numbers of hours prescribed		Numbers of hours attended	
		Theory	Practical	Theory	Practical
1	Modern Analytical and Research Methods	75	100		
2	Formulation Technology	75	100		
3	Biopharmaceutics and Pharmacokinetics	75	100		
4	Industrial Microbiology & Biotechnology	75	100		
5	Industrial Pharmacy	75	100		
	TOTAL	375	500		
II Year M Pharm Pharmaceutics (Part 2)					
	Dissertation-Pharmaceutics		1200		

Consolidated Marks Statement

I Year M Pharm Pharmaceutics (Part 1)								
SI. No.	Subjects	Theory		Practical		Total Marks (Theory and Practical)	Total Marks obtained (Theory and Practical)	Month and Year of Exam
		Max. Marks	Marks Obtained	Max. Marks	Marks Obtained			
1	Modern Analytical and Research Methods	150		200		350		
2	Formulation Technology	150		550		1150		
3	Biopharmaceutics and Pharmacokinetics	150						
4	Industrial Microbiology & Biotechnology	150						
5	Industrial Pharmacy	150						
II Year M Pharm Pharmaceutics (Part 2)								
	Dissertation-Pharmaceutics			500				
	TOTAL	750		1250		2000		

Total % of Marks Secured:

Classification:

University Rank(if any):

Verified & Found Correct

CERTIFICATE

This is to certify and confirm that Mr./Ms.

with KUHS registration No. was a bonafide student of Master of Pharmacy-

Pharmaceutics course from (Month and Year) to..... (Month and Year).

This a regular course of Two years conducted at.....
(Name of 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

Controller of Examinations

Name & Signature

Authority of the University

Name & Signature

Place: Thrissur

Date: