



**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 -Pharmacy Practice**

**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

<b>I Year M Pharm Pharmacy Practice (Part 1)</b>					
SI. No.	Subjects	Numbers of hours prescribed		Numbers of hours attended	
		Theory	Practical	Theory	Practical
1	Modern Analytical and Research Methods	75	100		
2	Clinical Pharmacy Practice	75	100		
3	Pathophysiology and Pharmacotherapeutics	75	100		
4	Clinical Toxicology & Pharmacokinetics	75	100		
5	Hospital and Community Pharmacy & Drug Store Management	75	100		
	<b>TOTAL</b>	<b>375</b>	<b>500</b>		
<b>II Year M Pharm Pharmacy Practice (Part 2)</b>					
	Dissertation-Pharmacy Practice		1200		

## Consolidated Marks Statement

<b>I Year M Pharm Pharmacy Practice (Part 1)</b>								
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	<b>150</b>		<b>200</b>		<b>350</b>		
2	Clinical Pharmacy Practice	150		550		1150		
3	Pathophysiology and Pharmacotherapeutics	150						
4	Clinical Toxicology & Pharmacokinetics	150						
5	Hospital and Community Pharmacy & Drug Store Management	150						
<b>II Year M Pharm Pharmacy Practice (Part 2)</b>								
	Dissertation-Pharmacy Practice			<b>500</b>		<b>500</b>		
	<b>TOTAL</b>	<b>750</b>		<b>1250</b>		<b>2000</b>		

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-Pharmacy

Practice 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: