

## KERALA UNIVERSITY OF HEALTH SCIENCES

## THRISSUR-680596, KERALA, INDIA

	OFFICIAL TRANSCRIPT
Name of the Student	:
Gender	:
Date of Birth	:
Nationality	:
Parent / Guardian (as per University records)	:
Permanent Address	:
<b>KUHS Registration Number</b>	:
Name of the Course	: Master of Pharmacy – Pharmaceutics
Medium of Instruction	: English
Degree awarded by	: Kerala University of Health Sciences, Thrissur, Kerala, Indi
Name of the College of study	:
Address of the College of study	:
<b>Duration of the Course</b>	: Two years
Date of admission	:
<b>Date of Completion of Course</b>	:
Date of publication of final result	

Specialization - Pharmaceutics										
M.I	Pharm Part I									
Sl. No	Subjects	No of Hrs Prescribed		No of Hrs Attended		Maximum marks		Marks obtained		Month & Year of Exam
	·	Theory	Practical	Theory	Practical	Theory	Practical	Theory	Practical	
1	Modern Analytical and Research Methods	75	100			150	150			
2	Formulation Technology	75	100			150	150			
3	Biopharmaceutics and Pharmacokinetics	75	100			150	150			
4	Industrial Pharmacy	75	100			150	150			
Total marks for M.Pharm Part I						1200				
M.I	Pharm Part II					•				
Topic for Dissertation			No of Hrs prescribed		No of Hrs Attended		Maximum marks		arks ained	Month & Year of Exam
(type in Bold)		1	1200				500			
Grand Total Marks (Part I & Part II )						1700				

Total % of Marks Secured:

Classification:

University Rank (if any):

## **Verified & Found Correct**

## **CERTIFICATE**

This is to certify and confirm that Mr./Mswith KU	HS							
Registration Nowas a bonafide student of Master of Pharmacy – Pharmaceutics course fr	om							
(Month and Year) to(Month and Year). This is a regular course of Two years								
conducted at(Name of	the							
College) as per the requirements prescribed by the Kerala University of Health Sciences and Pharmacy Council of Ind	dia.							
He / She has successfully completed the course and was awarded the Provisional Degree Certificate / Degree Certificate								
on								

**Controller of Examinations** 

**Authority of the University** 

Name & Signature

Name & Signature

Place: Thrissur

Date: