



**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 :** Doctor of Pharmacy (Pharm D-Post Baccalaureate)

**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 :** Three years (Including One Year Compulsory Rotating Internship)

**Date of admission :**

**Date of Completion of Course (Including Internship) :**

**Date of Publication of Final Result :**

## Course Curriculum

Sl. No.	Subjects	Numbers of hours prescribed		Numbers of hours attended		Numbers of hours of Tutorial	Numbers of hours of Tutorial attended
		Theory	Practical	Theory	Practical		
<b>I Year Pharm D Post Baccalaureate</b>							
1-1	Pharmacotherapeutics-I&II	75	75			25	
1-2	Pharmacotherapeutics-III	75	75			25	
1-3	Hospital Pharmacy	50	75			25	
1-4	Clinical Pharmacy	75	75			25	
1-5	Biostatistics and Research Methodology	50	-		-	25	
1-6	Biopharmaceutics and Pharmacokinetics	75	75			25	
1-7	Clinical Toxicology	50	-		-	25	
	Hospital Posting	-	150	-		-	-
	<b>Total</b>	<b>450</b>	<b>525</b>			<b>175</b>	
<b>II Year Pharm D Post Baccalaureate</b>							
2-1	Clinical Research	75	-		-	25	
2-2	Pharmacoepidemiology and Pharmacoconomics	75	-		-	25	
2-3	Clinical Pharmacokinetics and Pharmacotherapeutic Drug Monitoring	50	-		-	25	
2-4	Clerkship (Attending ward rounds on daily basis)	-	-	-	-	25	
2-5	Project Work (Six Months)	-	500	-		-	-
	Hospital Posting	-	200	-		-	-
	<b>Total</b>	<b>200</b>	<b>700</b>			<b>100</b>	
<b>III Year Pharm D Post Baccalaureate - INTERNSHIP</b>							
Department		Number of months prescribed	Period of Months attended		Total Duration in Months		
			From	To			
Medicine		6					
Any three of the following (2 Months each)							
Surgery		2					
Pediatrics		2					
Obstetrics and Gynecology		2					
Psychiatry		2					
Skin and VD		2					
Orthopedics		2					

## Consolidated Marks Statement

<b>I Year Pharm D Post Baccalaureate</b>								
Sl. 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			
1-1	Pharmacotherapeutics-I&II	100		100		200		
1-2	Pharmacotherapeutics-III	100		100		200		
1-3	Hospital Pharmacy	100		100		200		
1-4	Clinical Pharmacy	100		100		200		
1-5	Biostatistics and Research Methodology	100		-	-	100		
1-6	Biopharmaceutics and Pharmacokinetics	100		100		200		
1-7	Clinical Toxicology	100		-	-	100		
	<b>Total</b>	<b>700</b>		<b>500</b>		<b>1200</b>		

<b>II Year Pharm D Post Baccalaureate</b>								
Sl. 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			
2-1	Clinical Research	100		-	-	100		
2-2	Pharmacoepidemiology and Pharmacoeconomics	100		-	-	100		
2-3	Clinical Pharmacokinetics and Pharmacotherapeutic Drug Monitoring	100		-	-	100		
2-4	Clerkship	-	-	100		100		
2-5	Project Work	-	-	100		100		
	<b>Total</b>	<b>300</b>		<b>200</b>		<b>500</b>		

Sl.No.	<b>III Year Pharm D Post Baccalaureate</b>	
3-1	Internship Evaluation Score	
	Maximum Score	Score obtained
	5	

Total Percentage 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 Doctor of Pharmacy Post Baccalaureate course from .....(Month and Year) to ..... (Month and Year). This is a regular course of Three years (Including One year of Compulsory Rotating Internship) 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 .....

**Controller of Examinations**

**Name & Signature**

**Authority of the University**

**Name & Signature**

Place : Thrissur

Date :