



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 :

KUHS Registration Number :

Name of the Course : Bachelor of Pharmacy-B. Pharm

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 : Four years

Date of admission :

Date of Completion of Course :

Date of publication of final result :

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 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

Controller of Examinations

Name & Signature

Authority of the University

Name & Signature

Place : Thrissur

Date :