



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 :

V Semester B.Pharm

1	Medicinal Chemistry II	45	-	-	15	100		
2	Formulative Pharmacy	45	60		15	150		
3	Pharmacology II	45	60		15	150		
4	Pharmacognosy and Phytochemistry II	45	60		15	150		
5	Pharmaceutical Jurisprudence	45	-	-	15	100		
	Total	225	180		75	650		
	SGPA							

VI Semester B.Pharm

1	Medicinal Chemistry III	45	60		15	150		
2	Pharmacology III	45	60		15	150		
3	Herbal Drug Technology	45	60		15	150		
4	Biopharmaceutics and Pharmacokinetics	45	-	-	15	100		
5	Pharmaceutical Biotechnology	45	-	-	15	100		
6	Quality Assurance	45	-	-	15	100		
	Total	270	180		90	750		
	SGPA							

VII Semester B.Pharm

1	Instrumental Methods of Analysis	45	60		15	150		
2	Industrial Pharmacy	45	-	-	15	100		
3	Pharmacy Practice	45	-	-	15	100		
4	Novel Drug Delivery System	45	-	-	15	100		
5	Practice School	-	150	-	-	150		
	Total	180	210		60	600		
	SGPA							

VIII Semester B.Pharm

1	Biostatistics and Research Methodology	45	-	-	15	100		
2	Social and Preventive Pharmacy	45	-	-	15	100		
3	Elective Subject I	45	-	-	15	100		
4	Elective Subject II	45	-	-	15	100		
5	Project Work	-	150	-	-	150		
	Total	180	150		60	550		
	Grand Total	1770	1680		540	5250		
	SGPA							
	CGPA							

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 :