



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 : **Master of Pharmacy – Pharmaceutical Analysis**

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 :

Specialization - Pharmaceutical Analysis

M.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	Advanced Pharmaceutical Analysis	75	100			150	150			
3	Quality Control and Quality Assurance	75	100			150	150			
4	Pharmaceutical and Clinical Analysis	75	100			150	150			
Total marks for M.Pharm Part I		--				1200				
M.Pharm Part II										
Topic for Dissertation		No of Hrs prescribed		No of Hrs Attended		Maximum marks		Marks obtained		Month & Year of Exam
(type in Bold)		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./Ms.....with KUHS Registration No.was a bonafide student of Master of Pharmacy – Pharmaceutical Analysis course from(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 India. 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 :