

क्रमांक (Sl. No.)

3515397

65/1127-014002



माध्यमिक शिक्षा परिषद्, उत्तर प्रदेश

Board of High School and Intermediate Education, U.P.



हाईस्कूल परीक्षा - २०१४

High School Examination - 2014

प्रमाणपत्र-सह-अंकपत्र (CERTIFICATE-CUM-MARKS SHEET)

अनुक्रमांक Roll No.	केंद्र/केन्द्र/विद्यालय कोड Distt./Centre/School Code	संस्थागत/व्यक्तिगत Regular / Private	परीक्षा प्रकार Exam. Type	प्रमाणपत्र क्रमांक Certificate No.
2484482	65/21546/1127	REGULAR	FULL EXAM	6514591

प्रमाणित किया जाता है कि (This is to certify that)

श्री/श्रीमती के अभिलेखानुसार (According to the Board's record) - **ABHISHEK YADAV**

आपका/आपका सीमा (son/daughter of Mrs.) - **SHANTI YADAV**

पुत्र हैं (son of) - **RAM ABHILASHY YADAV**

जिनकी जन्मतिथि (whose date of birth is)

10TH AUGUST NINETEEN HUNDRED NINETY EIGHT (10/08/1998)

ने मार्च/अप्रैल 2014 को हाईस्कूल परीक्षा विद्यालय/केन्द्र (has passed High School Examination held in March/April 2014 from School/Centre) - **SAINTJAAN U.M.V.S BAZAR AMETHI**

के निम्न विवरणानुसार उत्तीर्ण को है (with the following details) :-

विषय Subject	अधिकतम अंक Max. Marks	प्राप्त अंक Obtained Marks	योग Total	ग्रेड Grade	परीक्षाफल Result
HINDI	100	58	30	088	A2
ENGLISH	100	57	30	087	A2
MATHEMATICS	100	48	30	078	B1
SCIENCE	100	49	30	079	B1
SOCIAL SCIENCE	100	55	30	086	A2
DRAWING	100	38	30	068	B2

No divisions are awarded

Category of Model: Sports and Physical Education: A

तिथि (Date): 30TH MAY, 2014

स्थान (Place): Allahabad, Uttar Pradesh

Note: For important instructions see overleaf.

(सहसंचालक/उप-सचिव)
(Shakti Kanta Dasgupta)
सचिव (Secretary)

Board of Technical Education, Uttar Pradesh, Lucknow

Examination Registration and Acknowledgement Form For Annual System
Examination July - 2021



KESHAV PHARMACY COLLEGE NH-58, VILL-TEJALHERA BARLA-BASERA
ROAD, MUZAFFARNAGAR-251307(1094)

Branch - DIPLOMA IN PHARMACY

Year - 2

Enrollment No. : E19109421400017
Name of candidate : ABHISHEK YADAV
Father Name : RAM ABHILASH YADAV
Mother Name : SHANTI YADAV
Date of Birth : 2020-08-18
Category : OBC
Email Id : ay5770177@gmail.com
Mobile No. : 9837472047



STUDENT REGULAR PAPER DETAIL

S No.	SUBJECT CODE	SUBJECT NAME	PAPER TYPE
1	214201	PHARMACEUTICS-II	Theory
2	214203	PHARMACEUTICAL CHEMISTRY-II	Theory
3	214205	PHARMACOLOGY & TOXICOLOGY	Theory
4	214207	PHARMACEUTICAL JURISPRUDENCE	Theory
5	214209	DRUGS STORE & BUSINESS MANAGEMENT	Theory
6	214211	HOSPITAL AND CLINICAL PHARMACY	Theory
7	214221	PHARMACEUTICS-II	Practical
8	214223	PHARMACEUTICAL CHEMISTRY-II	Practical
9	214225	PHARMACOLOGY TOXICOLOGY	Practical
10	214227	HOSPITAL AND CLINICAL PHARMACY	Practical
11	214272	ENVIRONMENTAL EDUCATION & DISASTER MANAGEMENT	Theory

Verified

DECLARATION:
THIS IS TO BE CERTIFIED THAT THE ABOVE INFORMATION IS CORRECT TO MY BEHALF .

Student Signature

PRINCIPAL / DIRECTOR SIGNATURE