

क्रमांक (Sr. No.)

0631060

1513057

माध्यमिक शिक्षा परिषद्, उत्तर प्रदेश  
Board of High School and Intermediate Education, U.P.



हाईस्कूल परीक्षा - २०१६

High School Examination - 2016

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

अनुक्रमांक Roll No.	जनपद/केन्द्र/विद्यालय कोड Distt./Centre/School Code	सामान्य/व्यक्तिगत Regular / Private	परीक्षा प्रकार Exam. Type	प्रमाणपत्र क्रमांक Certificate No.
0677300	15/15972/1104	REGULAR	FULL EXAM	15013053

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

परिषद् के अभिलेखानुसार (according to the Board's record) - KM DEEPIKA  
आत्म/आपना श्रीमती (son/daughter of Mrs.) - SHASHI PRABHA  
एवं श्री (and Mr.) - KIRANPAL SINGH

जिनकी जन्मतिथि (whose date of birth is) -

3RD JANUARY TWO THOUSAND (03-01-2000)

ने फरवरी/मार्च 2016 की हाईस्कूल परीक्षा विद्यालय/केन्द्र (has passed High School Examination held in February/March 2016  
from School/Centre) - ARYA KANYA I C CHARTHAWAL MUZAFFARNAGAR

से निम्न विवरणानुसार उत्तीर्ण का है (with the following details) -

विषय Subject	अधिकतम अंक Max. Marks	प्राप्त अंक Obtained Marks		योग Total	ग्रेड Grade	परीक्षाफल Result
		सैद्धांतिक (Theory)	प्रयोग (Practical)			
HINDI	100	051	024	075	B1	PASSED
ENGLISH	100	047	028	075	B1	
HOME SCIENCE	100	035	026	061	B2	
SCIENCE	100	034	030	064	B2	
SOCIAL SCIENCE	100	050	027	077	B1	
DRAWING	100	040	024	064	B2	

Category of Moral, Sports and Physical Education- B

No divisions are awarded

तिथि (Date)- 15TH MAY, 2016

स्थान (Place)- Allahabad, Uttar Pradesh

Note : For important instructions see overleaf.



श्रीमती शशी यादव  
(Smt. Shashi Yadav)  
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.** : E19109421400035  
**Name of candidate** : KM DEEPIKA  
**Father Name** : KIRAN PAL SINGH  
**Mother Name** : SHASHI PRABHA  
**Date of Birth** : 2008-06-22  
**Category** : SC  
**Email Id** : rihanmirza9330@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