

क्रमांक (Sr. No.)

0630407

15/1198/019594

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



हाईस्कूल परीक्षा - २०१५

High School Examination - 2015

प्रमाणपत्र सह अंकपत्र (CERTIFICATE-CUM-MARKS SHEET)

अनुक्रमांक Roll No.	जनपद/केन्द्र/विद्यालय कोड Distt./Centre/School Code	संस्थागत/व्यक्तिगत Regular / Private	परीक्षा प्रकार Exam. Type	प्रमाणपत्र क्रमांक Certificate No.
0590110	15/15626/1198	REGULAR	FULL EXAM	1519593

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

परिषद् के अभिलेखानुसार (according to the Board's record) MUHAMMAD GULSANAWWAR

माता का अक्षरिका श्रीमती (son/daughter of Mrs.)- RAYYANA KHATOON

एवं श्री (and Mr.)- MUHAMMAD IKRAM

जिनकी जन्मतिथि (whose date of birth is)-

15TH JULY NINETEEN HUNDRED NINETY NINE (15/07/1999)

ने फरवरी/मार्च 2015 की हाईस्कूल परीक्षा विद्यालय/केन्द्र (has passed High School Examination held in February/March 2015
from School/Centre)- J U ISLAMIA I C KUTESRA MUZAFFARNAGAR

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

विषय Subject	अधिकतम अंक Max. Marks	प्राप्त अंक Obtained Marks		योग Total	ग्रेड Grade	परीक्षाफल Result
		सैद्धान्तिक (Theory)	प्रयोगात्मक (Practical)			
HINDI	100	47	29	076	B1	PASSED
URDU	100	40	30	070	B2	
ENGLISH	100	30	30	060	C1	
MATHEMATICS	100	38	29	067	B2	
SCIENCE	100	33	30	063	B2	
SOCIAL SCIENCE	100	48	28	076	B1	

Category of Moral, Sports and Physical Education-

A

No divisions are awarded

तिथि (Date)- 17TH MAY, 2015

स्थान (Place)- Allahabad, Uttar Pradesh

Note : For Important Instructions see overleaf.

(अमर नाथ वर्मा)

(Amar Nath Verma)

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, MUZAFFERNAGAR-251307(1094)

Branch - DIPLOMA IN PHARMACY

Year - 2

Enrollment No. : E19109421400041
Name of candidate : MUHAMMAD GULSANAWWAR
Father Name : MUHAMMAD IKRAM
Mother Name : RAYYANA KHATON
Date of Birth : 2020-12-19
Category : OBC
Email Id : mohdj4871@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