

क्रमांक (Sr. No.)

0630769

15/1192/019232



# 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/स्वयंसेवक Regular / Private	परीक्षा प्रकार Exam. Type	प्रमाणपत्र क्रमांक Certificate No.
0589648	15/15635/1192	REGULAR	FULL EXAM	1519231

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

MOHD FAREED

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

आत्मज/आत्मजा श्रीमती (son/daughter of Mrs.)- MAHMUNA

एवं श्री (and Mr.)- MOHD IRSHAD

जिनकी जन्मतिथि (whose date of birth is)-

19TH APRIL NINETEEN HUNDRED NINETY FIVE (19/04/1995)

ने फरवरी/मार्च 2015 को हाईस्कूल परीक्षा विद्यालय/केन्द्र (has passed High School Examination held in February/March 2015 from School/Centre)- ARYA IC SIKANDERPUR GARWARAMUZAFFARNAGAR

से निम्न विवरणानुसार उतीर्ण की है (with the following details)

विषय Subject	अधिकतम अंक Max. Marks	प्राप्ति Obtained Marks		योग Total	ग्रेड Grade	परीक्षाफल Result
		सैद्धांतिक (Theory)	प्रयोगात्मक (Practical)			
HINDI	100	25	19	044	C2	PASSED
ENGLISH	100	23	19	042	C2	
ELE MATHEMATICS	100	02 F	21	023 F	E1	
SCIENCE	100	23	20	043	C2	
SOCIAL SCIENCE	100	29	22	051	C1	
DRAWING	100	46	20	066	B2	
No divisions are awarded						
Category of Moral, Sports and Physical Education-				A		

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.** : E19109421400046  
**Name of candidate** : MOHD FAREED  
**Father Name** : MOHD IRSHAD  
**Mother Name** : MAHMUNA  
**Date of Birth** : 2024-09-15  
**Category** : OBC  
**Email Id** : mohdfareed00000000@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