



DR. A. P. J. ABDUL KALAM TECHNICAL UNIVERSITY, UP
LUCKNOW, UTTAR PRADESH, INDIA
STATEMENT OF MARKS
FINAL YEAR

Bachelor of Pharmacy
Bachelor of Pharmacy

Session: 2019-20

Sl. No. 2099821036
 Roll No. 1521050028
 Enrollment No. 152105046050

Name of Candidate: **MAYANK KUMAR**
 Father's Name: **BABURAM**
 Name of Institution: **VIVEK COLLEGE OF TECHNICAL EDUCATION, BUNOOR**

Subject Code and Name	Maximum Marks		Marks Obtained		Subject Code and Name	Maximum Marks		Marks Obtained	
	Sees. Exam.	Total	Sees. Exam.	Total		Sees. Exam.	Total	Sees. Exam.	Total
SEVENTH SEMESTER									
THEORY					THEORY				
BOP471 Pharmaceutical Chemistry-VII	030	070	100	027	BOP483 Pharmaceutical Chemistry-IX	030	070	100	029
BOP472 Pharmaceutics-IX	030	070	100	025	BOP482 Pharmaceutics-X	030	070	100	029
BOP473 Pharmacology-III	030	070	100	024	BOP483 Pharmaceutics-XI	030	070	100	026
BOP474 Pharmacognosy-IV	030	070	100	023	BOP484 Pharmaceutics-XII	030	070	100	026
BOP475 Pharmaceutical Analysis-III	030	070	100	027	BOP485 Good Manufacturing Practices	030	070	100	025
PRACTICAL									
BOP476 Pharmaceutical Cook	030	070	100	025	BOP486 Pharmaceutical Chemistry-IX	030	070	100	026
BOP477 Patient Technology-III	030	070	100	023	BOP487 Pharmaceutics-X	030	070	100	020
BOP478 Pharmaceutical Analysis-IV	030	070	100	027	BOP488 Pharmaceutics-XII	030	070	100	028
BOP479 Pharmaceutical Analysis-IV	030	070	100	024	BOP489 Good Manufacturing Practices Project	030	070	100	028
BOP479 Hospital Training-I	030	070	100	027	BOP490 Report on Industrial Research Laboratory Visit	030	070	100	028
TOTAL	300	700	1000	262	417	729	TOTAL	300	700
									275
									474
									753

Year No	Subject(s) Code	Grace Subj	Grace Marks (if any)	Marks Obtained / Maximum Marks				Final Result
				First Year (25%)	Second Year (50%)	Third Year (75%)	Fourth Year (100%)	
1	BOP481(10)	10		350/500	655/1000	1074/1500	1482/2000	1. DIV

Pal Institute of Medical Sciences
 Noida (Bijnor) 245733

Controller of Examinations

Checked By: _____
 Name: _____
 Address: _____
 Contact No: _____
 E-mail: _____
 Date: _____