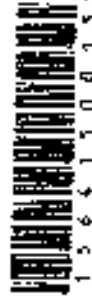




DR. A. P. J. ABDUL KALAM TECHNICAL UNIVERSITY, UP
LUCKNOW, UTTAR PRADESH, INDIA
STATEMENT OF MARKS
FINAL YEAR



Session 2019-20

Name of Candidate: DEVENDRA NATH
 Father's Name: DHANJAY KUMAR
 Name of Institution: ASHOKA INSTITUTE OF TECHNOLOGY & MANAGEMENT, VARANASI

Sr. No.: 2089824903
 Roll No.: 1564150015
 Enrollment No: 156415091667

Bachelor of Pharmacy
 Bachelor of Pharmacy

SEVENTH SEMESTER

Subject Code and Name	Maximum Marks		Marks Obtained		Subject Code and Name	Maximum Marks		Marks Obtained								
	Sess. Exam	Total	Sess. Exam	Total		Sess. Exam	Total	Sess. Exam	Total							
BOP471 Pharmaceutical Chemistry-VII	030	070	027	028	055	BOP481 Pharmaceutical Chemistry-IX	030	070	100	026	030	056				
BOP472 Pharmaceutics-IK	030	070	026	013	039	BOP482 Pharmaceutics-X	030	070	100	026	026	059				
BOP473 Pharmacology-II	030	070	025	041	066	BOP483 Pharmacokinetics-XI	030	070	100	025	025	066				
BOP474 Pharmacology-IV	030	070	025	027	052	BOP484 Pharmacokinetics-XII	030	070	100	027	027	063				
BOP475 Pharmaceutical Analysis-III	030	070	025	024	049	BOP485 Good Manufacturing Practices	030	070	100	025	025	064				
THEORY																
BOP476 Pharmaceutical IX	030	070	026	026	052	PRACTICAL										
BOP477 Pharmaceutical-X	030	070	028	028	057	DDP481P Pharmaceutical Chemistry-IX	030	070	100	026	026	067				
BOP478 Pharmacology-IV	030	070	026	026	052	BOP482P Pharmaceutics-X	030	070	100	026	026	067				
BOP479 Hospital Pharmacy-II	030	070	026	026	052	BOP484P Pharmaceutics-XI	030	070	100	027	027	069				
BOP480 Hospital Pharmacy-III	030	070	026	026	052	BOP485PR Good Manufacturing Practices Project	030	070	100	026	026	068				
TOTAL																
					360	710	100%	260	421	591	300	600	300%	262	451	715

Total No.	Subject(s) Code	Grace Marks (if any)	Marks Obtained : Maximum Marks				Grand Total	Final Result
			First Year (25%)	Second Year (50%)	Third Year (15%)	Fourth Year (100%)		
8	BOP472(6)	8	33/3500	718/1000	1094/1500	1286/2000	3530/5000	I DIV

Checked by: _____ Printed on: 30/12/20

Signature of Controller of Examination: _____

Signature of Head of Institution: _____

Signature of Candidate: _____