



UNIVERSITY OF MEDICINE AND HEALTH SCIENCES
 BALTIMORE, MARYLAND
 STATEMENT OF MARKS
 FINAL YEAR



Name (Print)
 B. A. [unclear]
 Roll No. [unclear]

Master of Pharmacy - Final Year
 Pharmaceutics

Name of Candidate: [unclear]
 Father's Name: [unclear]
 Name of Institution: [unclear]

Third & Fourth Semesters

Subject Code and Name	Maximum Marks	Marks Obtained	Grade
Pharmaceutics I	100	85	B
Pharmaceutics II	100	85	B
TOTAL	200	170	B

Total No	Camp Over (if any)	Grade Mark (if any)	Marks Obtained (Maximum/Marks)		Final Mark
			Score/Attempt (100%)	Max & Total Marks (100%)	
			170/200	170/200	170

Checked by: [Signature]
 Date: [unclear]
 Head of Institution: [Signature]
 Date: [unclear]