

UTTAR PRADESH PHARMACY COUNCIL

Flat No. 204, Ashiyana Complex
Chowk, Lucknow U.P. (INDIA)



Registration No. _____
Date of Registration _____

We hereby certify that *[Signature]*



Name: _____
Address: _____



has been duly registered with 12 (12) of the Pharmacy Act and
is entitled to all the privileges granted under the
Pharmacy Act 1943 (Act of 1943) in witness whereof we
have affixed the seal of the Uttar Pradesh Pharmacy
Council and the signature of the registrar of the said
Pharmacy Council.

DOB: _____
Qualification: _____

[Signature]

NOTICE

1. All Registered Pharmacies must comply with the provisions of the Pharmacy Act 1943 and the Pharmacy Rules 1943 and the Pharmacy Regulations 1943.
2. The Registrar of the Pharmacy Council, Lucknow, U.P. is the authority for the registration of Pharmacies and the issue of Licenses to Practice.
3. The Registrar of the Pharmacy Council, Lucknow, U.P. is the authority for the registration of Pharmacies and the issue of Licenses to Practice.
4. The Registrar of the Pharmacy Council, Lucknow, U.P. is the authority for the registration of Pharmacies and the issue of Licenses to Practice.



ITM UNIVERSITY

Master of Information Systems
 Institute of Technology (ITM)

1000, Sector 17, Gurgaon, Haryana
 India - 122001

STATEMENT OF WORK

Date: 15/08/2024
 Project: ITM
 Version: 1.0

SCOPE

DELIVERABLES

Item ID	Description	Phase I: Planning		Phase II: Execution		Phase III: Monitoring & Control		Phase IV: Closing	
		Start	End	Start	End	Start	End	Start	End
1	Project Kick-off Meeting	2024-08-15	2024-08-15	2024-08-16	2024-08-16	2024-08-17	2024-08-17	2024-08-18	2024-08-18
2	Requirement Gathering	2024-08-19	2024-08-25	2024-08-26	2024-09-01	2024-09-02	2024-09-08	2024-09-09	2024-09-15
3	System Design	2024-09-16	2024-09-22	2024-09-23	2024-10-01	2024-10-02	2024-10-08	2024-10-09	2024-10-15
4	Development & Testing	2024-10-16	2024-11-01	2024-11-02	2024-11-15	2024-11-16	2024-12-01	2024-12-02	2024-12-15
5	Deployment & Handover	2024-12-16	2024-12-16	2024-12-17	2024-12-17	2024-12-18	2024-12-18	2024-12-19	2024-12-19
6	Final Review & Sign-off	2024-12-20	2024-12-20	2024-12-21	2024-12-21	2024-12-22	2024-12-22	2024-12-23	2024-12-23

Client: ITM

Project: ITM

Version: 1.0

[Signature]

506633

ALL INDIA

ALLI, KUPPA

SUBBARTI

DOPI, L.A.

SETTE, J. N. V. BALURAO, THALASWARA, KONDAPADU, G.P.

English speaking Board and
Tamil Nadu Board of Secondary Education
for English Medium Schools
Other type schools also are
Schools, Government Examinations, etc.

English Medium Schools

Sl. No.	Name of Candidate	Date of Birth			Date of Birth	Date of Birth	Date of Birth
		DD	MM	YY			
202	CHAKRABARTI, CHAK	071	009	071	SEVENTH ONE	82	
203	MINI, CHAK	076	008	076	SEVENTH SIX	82	
204	ROY, CHAK	046	023	076	SEVENTH FIVE	82	
205	CHAKRABARTI, CHAK	028	027	020	FIFTH FIVE	81	
206	CHAKRABARTI, CHAK	023	028	021	FIFTH ONE	82	
207	CHAKRABARTI, CHAK					82	
208	CHAKRABARTI, CHAK					82	
209	CHAKRABARTI, CHAK					82	
210	CHAKRABARTI, CHAK					82	

THE BOARD OF
SECONDARY EDUCATION
TAMIL NADU

92-98-2011

0512489

केन्द्रीय माध्यमिक शिक्षा बोर्ड Central Board of Secondary Education

पञ्जाब



द्वितीय मूल परीक्षा २०१९

ALL INDIA SECONDARY SCHOOL EXAMINATION 2019

पञ्जाब राज्य के लिए - **ANAL EXAM**

परीक्षा का नाम - **EXPTM** **संक्षिप्त परीक्षा**

कक्षा - **सत्रितीय**

विषय - **सामान्य**

दिनांक - **20/05/2019** **TWENTY EIGHT APRIL NINETEEN HUNDRED NINETY THREE**

परीक्षा का नाम - **EXPTM** **संक्षिप्त परीक्षा**

कक्षा - **सत्रितीय**

विषय - **सामान्य**

ENGLISH & LT **AND COURSE A** **MATHEMATICS**

SCIENCE & TECH **SOCIAL SCIENCE**

A+

परीक्षा
का
नाम
कक्षा
विषय

20/05/2019

CBSE
Central Board of Secondary Education

Ministry of Education, Government of India

पञ्जाब राज्य के लिए - **ANAL EXAM**



आईएफटीएम विश्वविद्यालय
IFTM UNIVERSITY



बैचलर ऑफ फार्मसी

उपरोक्त विद्यार्थी का नाम है कि अमित कुमार ने इस विश्वविद्यालय के 2015 की परीक्षा प्रथम श्रेणी में उत्तीर्ण की तथा बैचलर ऑफ फार्मसी की उपाधि प्राप्त की।

BACHELOR OF PHARMACY

This is to certify that Anil Kumar passed the Examination of 2015 of this university in the First Division and obtained the degree of Bachelor of Pharmacy.

A+



भारत सरकार

Government of India

भारतीय पहचान प्राधिकरण

Enrollment No. 2504000928779

पंजीकृत

Id
Aadhaar Number
जन्म तिथि
DOB Date of Birth
पंजीकृत स्थान
Enrollment Location
पंजीकृत संख्या
Enrollment Number
पंजीकृत तिथि
Enrollment Date
पंजीकृत स्थान
Enrollment Location



392031046678

39203104



आपका आधार क्रमांक / Your Aadhaar No. :

3920 3104 6678

आधार - आम आदमी का अधिकार



जन्म तिथि
Aadhaar Number

आधार संख्या / ID No. 392031046678
पंजीकृत स्थान

3920 3104 6678



आधार - आम आदमी का अधिकार

भारत सरकार
फाइलिंग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ANIL KUMAR

DORILAL

28/04/1993

Payment Account Number

CLXPK2230E

Anil

Signature

