



# O.R.A.R.S. ABDUL KALAM TECHNICAL UNIVERSITY, UP

Engineering & Technology, India

## STATEMENT OF MARKS

Final Year

Master of Pharmacy - Final Year  
Pharmaceutics



Roll No.:

U. No.:

Name:

Signature:

Department:   
Faculty:   
Institution:   
Registration No.:

Registration No.		Final Year, Semester		Examination Date		Examination	
Roll No.	U. No.	Exam	Grade	Exam	Grade	Exam	Grade

Sl. No.	Candidate Name	Reg. No.	Examination Marks			Total Marks	Grade
			Theory	Practical	Project		

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Controller: \_\_\_\_\_ Date: \_\_\_\_\_

Official Seal and Stamp of the University