

CERTIFICATE

Class: **B. Pharm 5th Sem**

Academic Year : _____

This is to certify that Mr./Miss. _____

of **B. Pharm 5th Sem**, at _____,

Enrollment No. _____ & Roll No. _____ has satisfactory completed

his/her _____ out of _____ experiments/practicals for the subject

Pharmacology - II, Subject Code _____ in the academic year 20 __ to 20 __.

Signed by:

Head of Department

External Examiner

Subject Teacher

Date of certified: