## **CERTIFICATE**

This is to certify that Mr./Miss.	
ofat	4.
Seat/Enrollment No.	& Roll No has
satisfactory completed his/her ou	t ofExperiments/Practical of
the Subject Human Anatomy and Physiolog	y, Subject Code – for the
academic year 20 to 20	R.
Signed by:	
Head of Department External Example 1	miner Subject Teacher
LACTION DATE	Subject Teacher
Date of certified:	