



DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UPR

UNIVERSITY OF TECHNOLOGY AND
UNIVERSITY OF ENGINEERING
GHAZIABAD

School of Pharmacy
Department

Roll Number: _____
Name: _____
Registration Number: _____

EXAMINER

Name: _____
Signature: _____
Date: _____

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Date: _____	Signature: _____	Signature of Examiners					Signature: _____
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Dr. A.P.J. Abdul Kalam Technical University, UPR
Ghaziabad, Uttar Pradesh