



We,
the Chancellor, Vice-Chancellor
and Members of the Management Council of
Dr. Babasaheb Ambedkar Marathwada University,
Aurangabad (Maharashtra State), India
Certify that the withinsigned

----- *Amit* -----
Student of *Govt. College of Pharmacy, Aurangabad*
having been examined and found duly qualified for the
Degree of Master of Pharmacy and placed in the *First*
Division in *May/June 2010*. The Degree of

Master of Pharmacy

has been conferred on *Amir* at Aurangabad, on the
twenty third day of the month of *September* in the year
two thousand eleven.

In Testimony whereof are set the Seal of the said University
and the signature of the said Vice-Chancellor.

Seat No. *mcx31001*

Place: Aurangabad

Date of issue of the

Degree Certificate *5 JAN 2012*

B. Achopade

Vice-Chancellor