



Master of Pharmacy

This is to certify that

*Mr. Shaukat*

*is the holder of*

(Enrollment No. *2004-207-081* Roll No. *2004*)

having been examined in *Pharm* and

found qualified for the degree of Master of Pharmacy

in *Pharmacy Practice* and that

he/she was admitted to the said degree and placed

in *Pharm* Division.

Controller of Examinations / Registrar

*Signature*

New Delhi, 10 MAY 2012

Vice-Chancellor

*Signature*