

INDUSTRIAL TRAINING REPORT

*Submitted for partial fulfillment for the award of
Degree of Bachelor of Pharmacy*

Submitted by

Name of the student:

Permanent Registration Number:



**Sanjivani College of Pharmaceutical Education and Research, Kopergaon,
Ahmednagar, Maharashtra-423603**

DECLARATION

I am Mr/Miss., bearing the Permanent
Registration Number.....student of Sanjivani College of Pharmaceutical
Education and Research, Kopargaon, Ahmednagar, Maharashtra-423603, has
underwent one-month training in..... from
(dd/mm/yyyy) to (dd/mm/yyyy) and submitted for the partial fulfillment for the
award of degree of Bachelor of Pharmacy for the academic year 20 -.

Signature of the candidate

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