

COLLEGE NAME:

D. PHARM: FIRST YEAR

SESSION:

EXAM: First/Second/Third Sessional Examination

STUDENT ATTENDANCE SHEET

S. No.	ENROLLMENT NO.	STUDENT NAME	PHARMACEUTICS Date of Examination (...../...../.....)	PHARM. CHEMISTRY (...../...../.....)	PHARMACOGNOSY (...../...../.....)	HAP (...../...../.....)	SOCIAL PHARMACY (...../...../.....)
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