



SAGAR INSTITUTE OF RESEARCH TECHNOLOGY & SCIENCE- PHARMACY

Accredited by NBA, Approved by AICTE New Delhi
& PCI New Delhi, Affiliated to RGPV

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Ref.: SIRTS/Adm/2023-24/

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. / Ms.** _____ **S/o,**
D/o Shri. _____ **Enrollment No.** _____ is a bona fide student
of B.Pharm/D-Pharm/ M.Pharm Sem _____ Year _____ branch of this institute **session (2023-**
2024). He/She has been admitted through Counseling conducted by the **Director, Directorate of**
Technical Education, Bhopal during the academic year _____. The duration of course is 4/2
years. The Course is affiliated with RGPV, Bhopal.

The certificate is issued to him / her for the following purpose;

Registrar

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