APPLICATION FORM FOR THE ESSAY COMPETITION: 2023 - 2024

Name of the Student	:				
Name & Address of the College	:				
Applicant Contact Number	÷				
E – Mail id	:				
			Signature of	f the Applicant	
	<u>CF</u>	ERTIFICA	<u>ATE</u>		
We certify that Mr. / Ms				i	s a bonafide
student of Final year B. Pharm	of this institut	ion during the	e academic yea	r 2023 – 2024	and he / she
will be participating in the Ess	say Competiti	ion conducte	d by Tamilnad	u Pharmaceuti	cal Sciences
Welfare Trsut.					
			Seal & Sig	nature of Princ	cipal
Place:					
Date:					