

INDUSTRIAL TRAINING REPORT

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

Submitted by

Name of the student

Regd.No:



CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES

Chalapathi Nagar, Lam, Guntur-522034

June 2019

DECLARATION

I am Mr/Miss. _____, s/o /D/o _____ bearing the Register Number _____ student of Chalapathi Institute of Pharmaceutical Sciences. Lam, Guntur, Andhra Pradesh has underwent _____ one _____ month _____ training _____ in _____ from _____ to _____ and submitted for the partial fulfillment for the award of degree of Bachelor of Pharmacy for the academic year 2018-19.

Signature of the candidate

Regd.no

PROFILE OF THE INDUSTRY

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WORK DONE

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CONCLUSION

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