**<< Title of the Seminar >>**

A Seminar Report Submitted to

**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD**

In partial fulfilment of the requirement

For the award of the degree of

**MASTER OF PHARMACY**

In

XXXXXXXXXXXXXXX

By

<< **Name of the Student** >>

(HT.No: XXXXXX)

Under the guidance of

<< **Guide name**>>

<Designation>



**DEPARTMENT OF XXXXXXXXXXX**

**SREE CHAITANYA INSTITUTE OF PHARMACEUTICAL SCIENCES**

(Affiliated to JNTUH, HYDERABAD)

THIMMAPOOR, KARIMNAGAR, AP-505 527.

20XX---20XX

**SREE CHAITANYA INSTITUTE OF PHARMACEUTICAL SCIENCES**

**KARIMNAGAR-505 527**



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**CERTIFICATE**

This is to certify that the seminar report entitled **“SEMINAR TITLE”** is being submitted by << **Students name**>>bearing a Hall ticket no **<< HT.No>>** in partial fulfillment of the requirements for the award of the Degree of **Master of Pharmacy** in **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** , to the **Sree Chaitanya Institute of Pharmaceutical Sciences**, Karimnagar.

Guide Head of the Department

**XXXXXXXXXX XXXXXXXXXXX,**

Designation, Designation

Sree Chaitanya Institute of Sree Chaitanya Institute of

Pharmaceutical Sciences Pharmaceutical Sciences

Principal

Sree Chaitanya Institute

Of Pharmaceutical Sciences