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| NAME: | SUBJECT: **MATHEMATICS** | PAPER: |
| CLASS: **FYBSc** | DIV: SEM: | YEAR: **2018-19** |

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| PRAC NO. | DATE | TOPIC | TEACHER’S SIGN |
| 01 |  |  |  |
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This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Class: **FYBSc** Div:\_\_\_ Roll No.\_\_\_\_\_\_

Sem \_\_\_ has completed \_\_\_\_\_ practicals in the above mentioned course.

Subject Incharge

Examiner’s Sign: