SONA COLLEGE OF TECHNOLOGY

**(AUTONOMOUS)**

# SONA NAGAR, SALEM – 636005.



[An Autonomous Institution]

Name : …………………………………….

Branch : ……………………………………..

Semester : ……………………………………..

Register No : ……………………………………..

Name of the Laboratory : ……………………………………..

*Certified that this is the bona-fide Record of practical work done by the above student in during the year* **-** .

Lab-In-Charge Head of the Department

*Submitted for University Practical Examination held on …………….*

Internal Examiner External Examiner

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| S.No | Date | Name of the Experiment | Page No | Marks Awarded | Signature of the Staff |
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