**MAR BASELIOS**

**INSTITUTE OF TECHNOLOGY AND SCIENCE**

**NELLIMATTOM P.O., KOTHAMANGALAM**

**PHONE : 0485 – 2859348, 2859318**



**LABORATORY RECORD**

**YEAR………………………………………..**

Name

:

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Roll

No:

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Branch:

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Batch

:

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*Certified that this is the Bonafied Record of Practical work done in the*

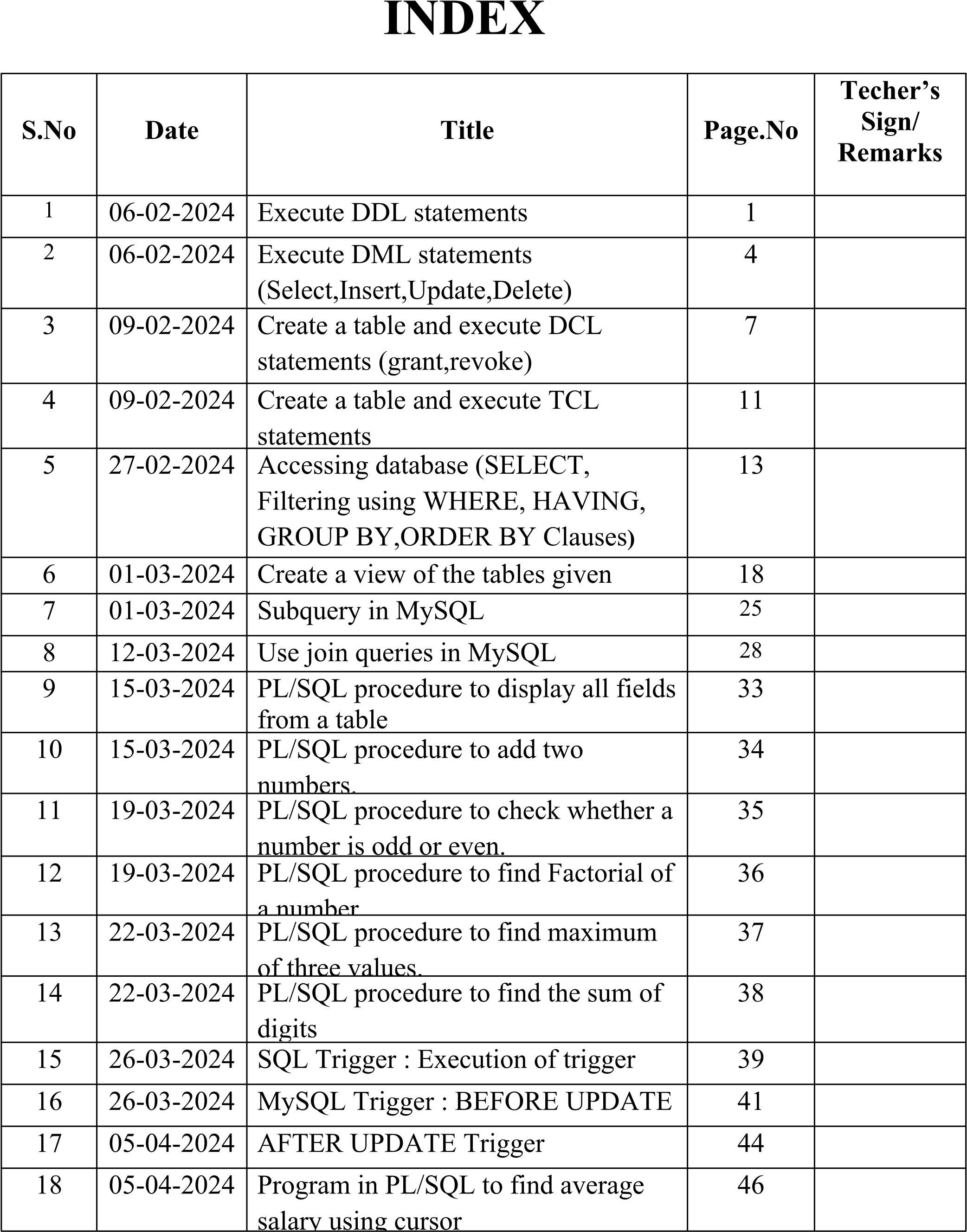
*………………… Laboratory Mar Baselios Institute of Technology and Science Nellomattom P.O, Kothamangalam, by …………………………………..*

**Head of the Department Staff Member in Charge**

Uni. Ex. Reg: No………………………….................of March/Sept………………

Uni. Ex. Reg: No…………………………………….of March/sept………………

Int. Examiner Ext. Examiner



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