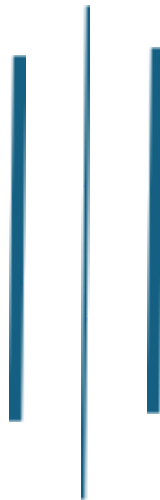


TRIBHUVAN UNIVERSITY
INSTITUTE OF SCIENCE AND TECHNOLOGY
AMRIT SCIENCE CAMPUS



{{SUBJECT NAME}}

Lab Report

SUBMITTED BY:

Name: {{STUDENT NAME}}

Roll: {{ROLL NO}}

Date: {{DATE OF SUBMISSION}}

SUBMITTED TO:

{{TEACHER NAME}}

Department of CSIT

External Teacher's Signature

Internal Teacher's Signature