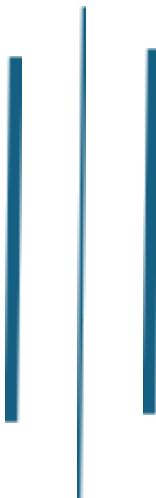


TRIBHUVAN UNIVERSITY
INSTITUTE OF SCIENCE AND TECHNOLOGY
AMRIT SCIENCE CAMPUS



{{{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