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# Certificate of Participation

This is to certify that Dr./ Mr. /Mrs./ Ms .....A. Ashok Babu.....  
.....of.....Narayana Pharmacy College.....has  
participated in "AWARENESS PROGRAMME ON HYGIENE & HEALTH  
MAINTANANCE " Organized by NARAYANA PHARMACY COLLEGE on  
12-09-2023.

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This is to certify that Dr./ Mr. /Mrs./ Ms .....G. Rajesh Babu.....  
.....of.....Narayana Pharmacy College.....has  
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G. Greshma .....  
..... of ..... Narayana Pharmacy College ..... has  
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This is to certify that Dr./ Mr. /Mrs./ Ms .....D. Karthik krishna.....  
.....of.....Narayana Pharmacy College.....has  
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This is to certify that Dr./ Mr. /Mrs./ Ms .....CH. Munikrishnaiah.....  
.....of.....Narayana Pharmacy College.....has  
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*P. Sree Mahalingeshwari*

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*P. Sree Mahalingeshwari*

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*P. Sree Mahalefshi*

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*P. Sree Mahadevshi*

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*P. Sree Mahadevshi*

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.of.....Narayana Pharmacy College.....has participated in "TRAINING PROGRAMME ON

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P. Sree Mahalingeshwari

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.of..... Narayana Pharmacy College.....has participated in "TRAINING PROGRAMME ON

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*P. Sree Mahalingam*

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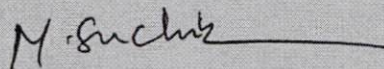
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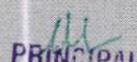
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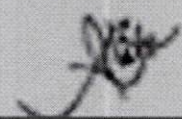


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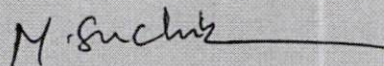


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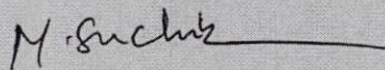


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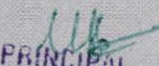
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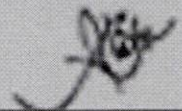
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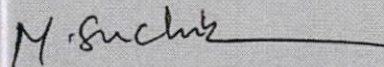


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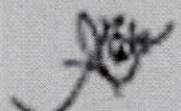
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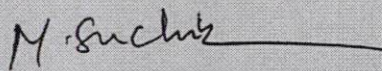


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