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# SEEMANTA INSTITUTE OF PHARMACEUTICAL SCIENCES



**JHARPOKHARIA - 757 086, MAYURBHANJ (ORISSA); R.N.14190/1034- 78/79**

Affiliated to **BPUT** and Orissa State Board of Pharmacy (**OSBP**)

Approved by **PCI** and **AICTE**, New Delhi.

**Courses offered: D. Pharm., B. Pharm. & M. Pharm.**

Ref no:.....

Date:.....

Form No. : ACA-14

## UTILIZATION CERTIFICATE

A. Name of the Student: .....

B. Name of Discipline: .....

C. Name of deceased parent:.....

D. Amount Received from University with Cheque No / Date: .....

E. Joint Account No. of the Student & College (*to which the amount is credited*):.....

Certified that the above amount of Rs..... (Rupees.....) received for the academic session ..... has been duly disbursed to Mr / Ms..... on dated ..... for the purpose for which it has been sanctioned.

**Signature of the Principal / Director**

**Date ...../...../.....**

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