

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/...../.....

Mayurbhanj, Orissa.Pin-757086.

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