GATE EDUCATIONAL INSTITUTIONS

DEPARTMENT OF COMPUTERS

_____

YEAR_____ SEMESTER _____

Reg No._____

CERTIFICATE

Certified that this is the bonafide record of practical work done in the laboratory by the candidate _____ during the academic year _____ subject_____ .

No. of Practical's Conducted _____ ***No. of Practical's Attended _____***

LECTURER **HEAD OF THE DEPARTMENT**

Submitted for the Practical Examination held on_____

Examiners

1.

2.