



SRI VENKATESWARA COLLEGE OF PHARMACY

ETCHERLA, SRIKAKULAM - 532 410 (A.P.)

Affiliated to Andhra University, Visakhapatnam & Approved by P.C.I., New Delhi

Accredited with NAAC 'A' Grade

Email: svcp.etcherla@gmail.com, Website: www.svcpharmacy.in Phone: 9912342120

Rc.No. SVCP/B.Pharm/Hospital/Industrial Training/ /26

Date: _____

To

Sub: Arrangement of Industrial Training / Hospital Training – SVCP/ Etcherla –
B.Pharm Student(s) - Request – Regarding.

Ref : Education Regulations of Andhra University, Visakhapatnam for B.Pharm Course.

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Respected Sir,

As per the regulations made by Andhra University, Visakhapatnam for Pharmacy course, the students shall undergo Industrial Training / Hospital Training / Community Pharmacy Training for one month during B.Pharm course. Hence, you are requested to accommodate the student of this college Mr./Miss _____, with Regd.No _____ of 4th year B.Pharm course in your esteemed Industry/ Hospital / Community Pharmacy to undergo practical training for one month as per suitable dates allotted by you. I am looking forward for the acceptance from your end.

Thanking you,

Yours sincerely,

PRINCIPAL