Annexure B

IIHMR University Faculty Mentor Approval

This is to certify that Dr. ~~Mr.~~ / Ms. ANKIT of academic year 2022-24 of SCHOOL OF PHARMACEUTICAL MANAGEMENT (Name of the school) has prepared a poster with respect to his/her summer internship held during May-June 2023.

He/she has carried out work as per the guidelines. His/Her poster is approved for presentation.

Date: 11/Jul/2023

(Signature of Faculty Mentor)

Name:

Designation: