

MANGALORE UNIVERSITY
UNIVERSITY COLLEGE MANGALORE



DEPARTMENT OF ZOOLOGY

Certificate

This is to certify that Ms. / Mr.....*Smitha*.....

Reg. No. *192456209*..... Class *U.B.Sc. B*..... Semester..... *IV*.....

has satisfactorily completed the Field Report/Project Work / Practical on

.....*Histology*.....*Animal Behaviour*.....*Applied Zoology*.....

as prescribed by the Mangalore University during the academic year 20*21* 20*22*

Staff in Charge

Head of the Department
HEAD OF THE DEPT OF ZOOLOGY
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