

**H.R. PATEL INSTITUTE OF PHARMACEUTICAL EDUCATION
AND RESEARCH, SHIRPUR**

MONTHLY PROGRESS REPORT

Name of student: - _____

Department: Pharmaceutics / Quality Assurance

Class: - M. Pharm- III/IV

Date of submission: _____

Month: - _____

Title of Thesis:- _____

Research work done in last month:-

Research work expected in next month:-

Sign of Student

Sign of Research Guide

Sign. of PG In-charge