



VISHAL JUNNAR SEVA MANDAL'S  
VISHAL INSTITUTE OF PHARMACEUTICAL  
EDUCATION AND RESEARCH

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Ref. No. : VJSM/VIPER/2023-24/PA -3

Date : 27-12-2023

TO WHOMSOEVER IT MAY CONCERN

Sub: Request for Drug / Plant Authentication.

Dear Sir / Madam,

As per the subject mentioned above, our student Mr. / Miss. SAMEEKSHA BHARAT TAJAVE of FINAL YEAR B PHARM SEM VIII B. Pharmacy required the Drug / Plant Authentication Certificate of the **Passiflora** Drug/Plant for his / her Research Project mentioned under the Practice School of Savitribai Phule Pune University curriculum.

So we request you to kindly authenticate the following Drug / Plant Specimen which is required for his / her Research Work.

We enclosed here the samples for checking purposes.

**Passiflora**

I appreciate your help in this regards.

Thanking you in anticipation.

Yours,

Dr. Suresh Laxman Jadhav  
**PRINCIPAL**

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Encl : a/a