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Student and Father Name: _____

CNIC: _____ Program: **BS** () Batch: **20** () Enrolment: _____

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<p style="text-align: center;">DSP / MICROPROCESSOR LAB</p> <p>_____ AUTH. SIGNATURE</p> <p style="text-align: right;">_____ OFFICIAL STAMP</p>	<p style="text-align: center;">BIOMEDICAL ENGINEERING WORKSHOP</p> <p>_____ AUTH. SIGNATURE</p> <p style="text-align: right;">_____ OFFICIAL STAMP</p>
<p style="text-align: center;">COMPUTER &TELEMEDICINE LAB</p> <p>_____ AUTH. SIGNATURE</p> <p style="text-align: right;">_____ OFFICIAL STAMP</p>	<p style="text-align: center;">BIOMEDICAL INSTRUMENTATION LAB</p> <p>_____ AUTH. SIGNATURE</p> <p style="text-align: right;">_____ OFFICIAL STAMP</p>
<p style="text-align: center;">SEMINAR LIBRARY, IBET</p> <p>_____ AUTH. SIGNATURE</p> <p style="text-align: right;">_____ OFFICIAL STAMP</p>	<p style="text-align: center;">CENTRAL LIBRARY, LUMHS</p> <p>_____ AUTH. SIGNATURE</p> <p style="text-align: right;">_____ OFFICIAL STAMP</p>
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DSP / MICROPROCESSOR LAB	
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BIOMEDICAL ENGINEERING WORKSHOP	
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