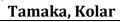
SOUA HU

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH

SRI DEVARAJ URS MEDICAL COLLEGE







Application No:	/	/2025
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SCIENTIFIC COMMITTEE REVIEW FORM

Accepted –	(Yes_	/ No	_), Dt	
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Reviewer Comments	Response By Applicant (Mention the modified changes page numbers)
	(*************************************
	Signature of Applicant Date:
	Date.

^{*}Note: Submit the suggestions made by the committee within five days



Application No:

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Tamaka, Kolar



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