## AYURVED SANSHODHAN VIBHAG Ganeshwadi, Panchavati, Nashik - 422 003.

Inward No.

Date -

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To, The Director, Ayurved Sanshodhan Vibhag, N	Nashik.
	of my study drug with reference to above.
Please provide me the	Laboratory Analysis
	Consultancy/Guidance
	Clinical Studies
Mr. details one as under	Pre-Clinical Studies of my study drug.
My details are as under:	
Sir,	
Student Name-	
	tudent/PhD student/Medical Professional/Manufacturer
	SS
Topic/Title of Dissertation	
Ψ. 1	
Name of study drug(s) /Formula	ations (with ingredients & Reference):
Name of Formulation	Contents With Proportion
	धेवा संघ,
I request you to give the es Studies/ Pre-Clinical Studies ar Thanking you,	timate for Laboratory Analysis/Consultancy/Guidance/Clinical and details for the same.  Yours sincerely,
E-mail:	Student Signature