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#### SYNOPSIS OF THE THESIS

#### TO BE SUBMITTED

# ТО

# BOMBAY COLLEGE OF PHARMACY

# (Autonomous Institute Affiliated to University of Mumbai)

## FOR THE DEGREE

#### OF

# MASTER OF PHARMACY (PARTLY BY PAPERS AND PARTLY BY RESEARCH)

IN

#### Subject of Specialization

Title of the Thesis	
Name of the Candidate	
Unique ID	
Name and Designation of Research Guide	
Place of Research work	
(Dept./Industry if applicable) with address	
Date of submission of synopsis	
Signature of Candidate	
Signature of Research Guide	