ACKNOWLEDGEMENT

Institution Name	Ally St. Charles
Institution Code NoC	Centre No (if established)
Date of affiliated with KIU	Affiliation Level <u>SSC/HSSC/Graduation</u>
Address:	
Name of Head Master/Head Mistress/ Princ	cipal:
Contact No:	Email: (if using)
Syllabus (Biology HSSC – I) Received Date: _	
	any:
1.	
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Signature with Stamp

(Your valued suggestions will highly be appreciated)

ACE IT and Strong Room/Sylfabus