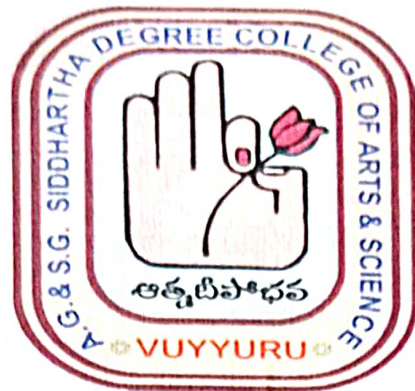


COMMUNITY SERVICE PROJECT ON MEDICINAL PLANT



SUBMITTED BY:

NAME : **CHATRAGADDA LAKSHMI PRIYA**

ROLL NO : **2242910**



Mentor : CH.BEULAH RANJANI

HOD in Botany Department

A.G & S.G.SIDDHARTHA DEGREE COLLEGE OF ARTS & SCIENCE, VUYYURU

(An Autonomous college in the jurisdiction of Krishna University)

Accredited by NAAC with "A" Grade

DEPARTMENT OF BOTANY

DECLARATION

I declare that this project log represents my ideas in my own words and wherever others' ideas or words have been included, I have adequately cited and referenced the original sources. I also declare that I have adhered to all principles of academic honesty and integrity and have not misrepresented or fabricated or falsified any idea/data/fact/source in my project work. I promise I maintained minimum 75% attendance. I understand that any violation of the above invites disciplinary action by the Institute.

Ch. Lakshmi Pooya
Signature of the Student

CERTIFICATION

This is to certify that it is a bonafide Community Service Project Work completed by Mr./Ms. C.H. Lakshmi Pooya in partial fulfillment of his/her UG programme in the period of study from 15-05-2023 to 10-06-2023

W. Nagesh

Village Agriculture Assistant,
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Signature of the Govt. Official
Thotavalluru Mandal, Nishina Dist

C. B. Ranjani
Signature of the Mentor
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A.G. & S.G. Siddhartha Arts & Science
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V. V. 19/8/23
Signature of the Co-ordinator
PRINCIPAL

A.G. & S.G. Siddhartha Degree College
Arts & Science (Autonomous), Vuyuru