

No.....

(To be filled by the Candidate)

(To be filled by the Candidate)

(For Revaluation)

Marks to be filled
by the Examiner

Main Paper/Due Paper.....
(Tick and write in Space Provided)

Name of Examination.....
(Program Name)

Session.....

Semester/Year

Program Name

Course Name

Course Code

Date of Examination.....

No. of additional
Sheet Attached

Note : Instructions are given overleaf

Marks to be filled by Examiner			
Sec	Q. No.	Max. Marks	Marks Obtained
A			
B			
C			
TOTAL			

In Words	
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Sign. of Examiner

(2) Code No. :-

Marks to be filled by Examiner			
Sec	Q. No.	Max. Marks	Marks Obtained
A			
B			
C			
TOTAL			

In Words	
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Name &
Signature of the
Examiner
Examiner Number

Code No. :-

FOR OFFICE USE ONLY

Roll No. (In figures)

Roll No. (In words)

Enrollment
No.....

Date of Examination.....

Semester/Year

Name of Examination

(Program Name)
Signature of the Student

IMPORTANT INSTRUCTIONS

1. WRITE YOUR ROLL NUMBER ONLY ON
THE FRONT PAGE, WRITING OF ROLL
NUMBER OR GIVING ANY OTHER MARK
OF IDENTIFICATION ANY WHERE ELSE
IN THE ANSWER BOOK WILL BE TREATED
AS USE OF UNFAIR MEANS.

All the entries have been checked

Name &
Signature of the
Invigilator
Name &
Signature of Exam
Superintendent
(Seal)