

		Examination Form, Odd Semester January 202 Repeat Examination							23		J	Ň	G	D	GC	DEN				
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Name of Student																				
Mobile No.																				
Admission No.				U	niversi	ty Er	nrolment	No												
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S No. **Course Code Course Title** Semester S No. **Course Code** Course Title Semester 7. 1. 2. 8. Note: 3. 1. No student will be allowed to appear in the examination without 4. Examination Admit Card. 2. Student will be allowed to appear only in those courses in which he/she 5. is not debarred 3. Separate Forms to be filled for each Semester 6.

Signature of the Student	Dean	Controller of Examinations				
Received Examination Form from	Enrol No	on				

Name & Signature

OENKA