

DURG UNIVERSITY, DURG (C.G.)

STATEMENT OF INTERNAL ASSESSMENT MARKS

SEMESTER/ANNUAL EXAMINATION, 20

NAME OF COLLEGE:.....

NAME OF DEPARTMENT.....**CLASS:**.....

Centre No. -

Date on which Examination was held **No. of Candidates Examined**

TOTAL MARKS OF EACH TEST -

S. No.	Roll No.	Enrollment No.	Name of Candidate	P-1 Max./Min.(20/04)		P-2 Max./Min.(20/04)		P-3 Max./Min.(20/04)		P-4 Max./Min.(20/04)		P-5 Max./Min.(20/04)	
				Fig.	In Words	Fig.	In Words	Fig.	In Words	Fig.	In Words	Fig.	In Words
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				Sig. of Respective Teacher		Sig. of Respective Teacher		Sig. of Respective Teacher		Sig. of Respective Teacher		Sig. of Respective Teacher	

Note:- This Statement should be submitted in duplicate, Kindly Indicate Absent Students.

Date :-

Signature & Name of Principal/H.O.D.