College Logo

NAME OF AFFILIATED COLLEGE:_____

Program Name: (e.g) BS Botany

Award List (for Courses without Lab. Work)

Fresh ☑ **Repeat** ☐ **SCE** ☐ **Makeup** ☐ **IOG** ☐

Examination
Fall ☑
Spring ☐
Year **2017**
Session **2017-21**

Semester: I ☑ **II** ☐ **III** ☐ **IV** ☐ **V** ☐ **VI** ☐ **VII** ☐ **VIII** ☐

Course Title: (e.g) English-I

Teacher Name: _____ Credit Hours: (e.g) 03 (3-0)

Roll No.	**Name of Student**	**Marks Obtained**					
		MT (30)	**FT (50)**	**Assig. (05)**	**Pres. (10)**	**Quizzes(05)**	**Total 100**

*MT: Mid Term, FT: Final Term, Assig: Assignments, Pres: Presentations

Name of Examiner/Prof: _____

Signature with date: _____

_____
(BS Coordinator)

Countersigned by HoD _____