

College
Logo

NAME OF AFFILIATED COLLEGE: _____

Program Name: (e.g) BS Computer Science

Award List (for Courses with Lab. Work)

Fresh Repeat SCE Makeup IOG

Semester: I II III IV V VI VII VIII

Examination	
Fall	<input checked="" type="checkbox"/>
Spring	<input type="checkbox"/>
Year	<input type="text" value="2017"/>
Session	<input type="text" value="2017-21"/>

Course Title: (e.g) Introduction to Computer

Teacher Name: _____ Credit Hours: (e.g)

Roll No.	Name of Student	Marks Obtained						Total 100
		MT (30)	FT (50)	Assig. (02)	Pres. (05)	Quizzes(03)	Lab. (10)	

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

Name of Examiner/Prof: _____

Signature with date: _____

(BS Coordinator)

Countersigned by HoD _____