

UCCHATER MADHYAMIK SHIKSHA MANDAL DELHI
(EXAMINATION ATTENDANCE SHEET)

Centre _____

Department: _____

Course Title: _____

Theory / Practical
(Tick one)

Course No. _____

Year: **I / II /**
(Tick one)Teacher's
Name: _____

Credit Hours: (-)

Year 20

	Student's Regd. No.	Student's Name	Answer Script No.	Signature
1				
2				
3				
4				
5				
6				

Dated: _____

Signature of the Teacher