

सरला बिरला विश्वविद्यालय

SARALA BIRLA UNIVERSITY

ATTENDANCE AND KNOWLEDGE ENHANCEMENT SESSION, 2024-25

	Enrollment No.	Enrollment No. Year Of R		egistration Program		Section		Semester
		<u> </u>	-					
	Department Name							
	Name of the Stude	nt						(Do not staple)
	Father/Guardian Name							(Do not staple)
	E-mail		Mobile Number					
	Roll No.							
	Address							
_	Subject Details							
	Course Code			Course Name				Semester
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	As per Matriculation C	Certificat	e					
Stu	ident's Declaration:-							
ba	hereby, declare that the sed on records. I, furth formation provided by n	er declare	e that, my exam	ination form may be c				
Da	te:-						Signature Of th	e Student
\	Verification: It is to certify that the above declaration is true based on the available student's records.							
	Signature of Program Coordinator(with dat							