

DEVI AHILYA VISHWA VIDYALAYA, INDORE SCHOOL OF COMPUTER SCIENCE & IT

	SEMESTE	R EXAMINAT	TION SESSION	ON:-	YEAR
Course:		SEMES	SEMESTER: (REGUL		ATKT)
1. ROLL NO.		2. Enrolli	MENT NO.		
3. STUDENT	'S NAME:				
4. FATHER'S	NAME:				
5. MOTHER'	s Name:				
6. LOCAL AI	DDRESS: ———			_	
7. TELEPHON	NE NO.			S	rudent's Signature
8. PERMANE	NT ADDRESS: —				
9. TELEPHON	NE NO.	1	10. Mobile No	•	
SUBJECTS NAME		DATE	Sic	GNATURE	NAME OF
			STUDENT	Invigilator	Invigilator
EXAMINATIO	ON CONTROLLER				
		1	NOTE: PLEASE S	SUBMIT THE PHOTO	COPY OF FEES RECEIPT
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to the state of th	DEVI AHILYA VISHWA VIDYALAYA, INDORE				
	SCHOOL OF COMPUTER SCIENCE & IT				
श्री नः प्रचित्र	SEMESTER E	TER EXAMINATION SESSION:		YEAR: A	ADMIT CARD
Course	•	SEMES	TER: (R	EGULAR / AT	KT)
1. ROLL NO.		2. ENROLLMENT NO.			
3. STUDENT	'S NAME:				
4. FATHER'S	NAME:				
5. MOTHER'	s Name:			_	
EXAMINATION CONTROLLER.					DENT'S SIGNATURE