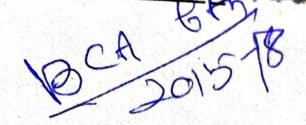
Form No. 18883

## ADMIT CARD

(To be filled by the Office)



ι.	Name of the Candidate DIKSHA KUMAKI Nature Kapus Cod	
2.	Roll No. 222 601. PROJECT  Name of the Centre of Exam. College MUNEPORT  Name of the Centre of Exam.	
3.	Name of the Centre of Exam. College 602.8) SEMINIAK	
4.	Name of the Centre of Exam.  DRESENTATION  DONE  Name of the Course	
5.	Date of Commencement of Examinatio 2.5. FER. 2020	
6.	Registration No 166 Year 15	INC. I NOTIFICIE OF BUSINESS STANDARD THE CO.
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B. R. A. B. U. Press, Muz -8/12/10000

( Office Assistant )

(Controller of the Examinations)