

**SEATING PLAN FOR END TERM EXAMINATIONS - SPRING 2025, DATED: 20/04/2025, TIMINGS: 09:00 a.m. - 12:00 p.m.**  
**CLOAK ROOM VENUE - OAT, Ground Floor, Le Corbusier Block**

**Mandatory Instructions to be announced by the Invigilator(s) to candidates before distribution of the question papers.**

1. No student should be allowed to leave the Examination Hall before half time.
2. Mobile phones/Smart Watches/Electronic devices are strictly prohibited in examination halls.
3. Students without admit card must report to Examination Wing with University Identity Card.
4. No student is allowed to carry any paper/book/notes/mobile/calculator inside the examination venue.
5. Students must reach at least 15 minutes before the start of Examination.

**Room A101 - DE-MORGAN BLOCK FIRST FLOOR**

S.No.	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
1	2210991003	2210991006	2210991009	2210991012	2210991015	2210991018
2	2210991001	2210991004	2210991007	2210991010	2210991013	2210991016
3	2210991002	2210991005	2210991008	2210991011	2210991014	2210991017
4	2210991027	2210991030	2210991033	2210991036	2210991039	2210991042
5	2210991025	2210991028	2210991031	2210991034	2210991037	2210991040

BRANCH	APPEARIN	SUBJECT
ENROLLED	30	0
APPEARED	30	

UMC Roll Number (if any): \_\_\_\_\_ Absent Roll Number : \_\_\_\_\_ Remarks: \_\_\_\_\_

Name of the Invigilator - 1: \_\_\_\_\_ Employee Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of the Invigilator - 2: \_\_\_\_\_ Employee Code: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Room B202 - LE CORBUSIER BLOCK SECOND FLOOR**

S.No.	Col 1	Col 2	Col 3	Col 4	Col 5
1	2210991045	2210991048	2210991021	2210991024	---
2	2210991022	2210991043	2210991046	2210991049	2210991019
3	2210991020	2210991023	2210991026	2210991029	2210991032
4	---	---	---	---	---
5	---	---	---	---	---
6	2210991035	2210991038	2210991041	2210991044	2210991047

BRANCH	APPEARIN	SUBJECT
ENROLLED	30	11
APPEARED	19	

UMC Roll Number (if any): \_\_\_\_\_ Absent Roll Number : \_\_\_\_\_ Remarks: \_\_\_\_\_

Name of the Invigilator - 1: \_\_\_\_\_ Employee Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of the Invigilator - 2: \_\_\_\_\_ Employee Code: \_\_\_\_\_ Signature: \_\_\_\_\_