योजना एवं वास्तुकला विद्यालय, भोपाल
School of Planning and Architecture, Bhopal

परीक्षा फार्म
EXAMINATION FORM
END TERM/ SUPPLEMENTARY/ SPECIAL EXAM........................

सेमेस्टर
Semester: _____

परीक्षा का वर्ष एवं माह
Month & Year of Examination: _____

पंजीयन क्रमांक
Scholar Number: _____

शाखा
Programme: _____

अभ्यार्थी का नाम (प्रथम / मध्य / उपनाम)
Name of the Candidate (First/Middle/Surname): _____

पिता का नाम
Father's Name: _____

पेपर का नाम – सैद्धांतिक / व्यवहारिक / सेशनल कोड सहित, जिसमें अभ्यार्थी इस परीक्षा में सम्मिलित हो रहा है
Name of Papers – Theory/ Practical with subject code in which candidate is appearing in this examination:

क्र.स. S.No.	सैद्धांतिक Theory	विषय कोड Subject Code	व्यवहारिक Practical	विषय कोड Subject Code

दिनांक:
Date:

अभ्यार्थी के हस्ताक्षर
Signature of Candidate

प्रमाणित करता हूँ कि नियमानुसार अभ्यार्थी उपरोक्त परीक्षा में नियमित / स्वाध्यायी छात्र के रूप में उपरोक्त परीक्षा में सम्मिलित होने के लिए पात्र है ।
I certify that the candidate is eligible to appear at the above mentioned examination as regular/ Supplementary student as per rule.

Professor- In-Charge
(Examination)

School of Planning and Architecture, Bhopal

ATTESTATION FORM

END TERM/ SUPPLEMENTARY/SPECIAL EXAM

Scholar Number: .... Programme: ....

Semester: .... Section: ...Status: Regular/ Supplementary/ Special ....

Name of the student (Capital letter): ....

Month & Year of examination: ....

Space for Photograph
(Passport size)

Signature of student

	Time Table : Theory Examination				Time Table : Practical Examination			
Sr. No.	Sub. Code	Date & Time	Signature of Candidate (to be filled at the time of exam)	Signature of Invigilator	Sub. Code	Date & Time	Signature of Candidate (to be filled at the time of exam)	Signature of Invigilator

Professor- In-Charge
(Examination)

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School of Planning and Architecture, Bhopal

ADMIT CARD

END TERM/ SUPPLEMENTARY/SPECIAL EXAM

Scholar Number: .... Programme: ....

Semester: .... Section: ......Status: Regular/ Supplementary/ Special ....

Name of the student (Capital letter): ....

Month & Year of examination: ....

Space for Photograph
(Passport size)

Signature of student

	Time Table : Theory Examination				Time Table : Practical Examination			
S. No.	Sub. Code	Date & Time	Signature of Candidate (to be filled at the time of exam)	Signature of Invigilator	Sub. Code	Date & Time	Signature of Candidate (to be filled at the time of exam)	Signature of Invigilator

Professor- In-Charge
(Examination)