



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

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

सेमेस्टर  
Semester: \_\_\_\_\_

परीक्षा का वर्ष एवं माह  
Month & Year of Examination: \_\_\_\_\_

पंजीयन क्रमांक  
Scholar Number: \_\_\_\_\_

शाखा  
Programme: \_\_\_\_\_

अभ्यर्थी 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 अभ्यर्थी 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:

अभ्यर्थी के हस्ताक्षर  
Signature of Candidate

प्रमाणित करता हूँ कि नियमानुसार अभ्यर्थी 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 EXAM**

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

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

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

Month &amp; 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)****School of Planning and Architecture, Bhopal****ADMIT CARD****END TERM/ SUPPLEMENTARY EXAM**

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

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

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

Month &amp; 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)**