

FORM P-6

BOARD EXAMINATIONS APRIL / OCTOBER - 20

Centre : Practical Code No.:

Course : Semester :

Subject :

SYLLABUS COMPLETION CERTIFICATE

Name of the subject	No. of Experiments as per syllabus	No. of Experiments completed	Percent of syllabus completed

Certified that the syllabus was completed as per the norms and Board Practical Examinations can be conducted as per timetable.

INTERNAL EXAMINER

HEAD OF THE DEPARTMENT

PRINCIPAL

NOTE : 1) *To be sent to the External Examiner along with the time table copy*
2) *A copy should be kept inside the sealed cover with other documents*

FORM P-5

BOARD EXAMINATIONS – OCTOBER / APRIL -20

Name of the Centre :

Sem. / Branch :

Name of Subject :

Subject Code :

PCODE NO:

DETAILS OF CANDIDATES EXAMINED

DATE	TIME	REG. NO. OF CANDIDATES PRESENT	NO. OF CANDIDATES.

Total No. of Candidates Present :

Register No. of Absentees :

Total No. of Absentees :

Name of the Technical Assistant :

Name of the Skilled Assistant :

Signature
(INTERNAL EXAMINER)

NAME :

DESIGNATION :

STAFF ID :

Signature
(EXTERNAL EXAMINER)

NAME :

DESIGNATION :

STAFF ID :

(Note : The candidates to be examined is to be checked with Nominal Roll)

One copy of this form is to be handed over to the Chief Supdt., one copy is to be placed inside the practical cover & one copy is to be pasted on the cover

FORM P-7

BOARD EXAMINATIONS – OCTOBER / APRIL -20

CERTIFICATE OF PRACTICAL EXAMINATION

Certified that the Board Practical Examination for the subject _____
with Subject Code _____ of _____ Semester _____ Branch was
conducted as per duration and scheme of examination prescribed by the Directorate of Technical Education.

INTERNAL EXAMINER

EXTERNAL EXAMINER

NAME IN BLOCK LETTERS

NAME IN BLOCK LETTERS

NOTE : *This copy should be kept inside the sealed cover with other documents*
