

**College Name:**

**D. Pharm:** First/Second Year

**Session:**

**Exam:** First/Second/Third Sessional Examination

**College Code:**

**Date:**.....

**Subject/Code:**.....

**Max. Marks:**.....

<b>S. No.</b>	<b>ENROLLMENT NO.</b>	<b>STUDENT'S NAME</b>	<b>MARKS OBTAINED</b>
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No. of Present Student.....

No. of Absent Student.....

No. of Pass Student.....

No. of Fail Student.....

Teacher's Sign:

Principal (Signature with seal)