SHARDA UNIVERSITY
AGRA

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OFFICE OF CONTROLLER OF EXAMINATIONS

End Semester Examination – Mark Entry Sheet

Course Code		Semester	02
Course Name		Credits	03
Department		School	

S.No	Dummy Number	Marks	Min/Max	Mark in Words
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Examination	**Signature With Date**		
End Semester Examinations			
Name of the in charge			
	Tabulator	**Examiner**	**Head-Evaluation OCOE**