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## OFFICE OF CONTROLLER OF EXAMINATIONS

## **Examination Resource Requirement Form**

(For Theory / Practical / Lab / Online Exams)						
School						
Department						
Exam (	Cell Coor	dinator &				
Designation						
Date of Submission of Form						
Contact No.						
Semester			□ ODD □ EVEN			
Exam Type			$\Box$ Theory $\Box$ Practical $\Box$ Online			
			□ Others:			
Date of Exam (If known)						
Examination Resource Details						
S.No.	No. Item/Resou			quired	Quantity	Purpose/Remarks
Verified and Submitted by Exam Cell Coordinator: Signature:						
<b>HoD Approval</b> : □ Rec		: □ Recommer	nded □ Not Recommended		nded   <b>Sig</b>	nature:
Dean Approval		: □ Recommer	ended 🗆 Not Recommended   <b>Signature</b> :			
OFFICE USE						

Received By. (Name and Signature): Date of Receipt