

**MASTER OF …………………………………………**

**MID/END SEMESTER EXAMINATION**

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| **Academic Year: ……………………** |  | **Semester: …………..……………..** |
| **Course Code: ………………………** |  | **No. of Credits: ……………………** |
| **Course Title: …………………………………………………………………………………………..** |
| **Contents of the packet: ……………………………………………………………………………….** |

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| **Examination Personnel** | **Name** | **Signature/Date** | **Examination Branch****(Name/Signature/Date)** |
| Course Examination Coordinator (CEC) |  | Delivered:  | Received:  |

**PGIS/M/EXAMINATIONS/LABEL-4**