

**MASTER OF …………………………………………**

**MID/END SEMESTER EXAMINATION**

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| **Academic Year: ……………………** | | |  | | | **Semester: …………..……………..** | |
| **Course Code: ………………………** | | |  | | | **No. of Credits: ……………………** | |
| **Course Title: …………………………………………………………………………………………..** | | | | | | | |
| **Examination Date: …………………………..** | | | | **Examination Center: ………………………...…..** | | | |
| **No. of Answer Scripts: ………………...** | | | | | | | |
| **Examination Personnel** | **Name** | | | **Signature/Date** | | **Examination Branch (Name/Signature/Date)** | |
| Supervisor |  | | | Delivered: | | Received: | |
| First Examiner |  | | | Received: | | Delivered: | |
| Delivered: | | Received: | |

**PGIS/M/EXAMINATIONS/LABEL-3a**