

**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**