NAME OF TEACHER: _____ DEPARTMENT: _____

FULL NAME OF COURSE: _____ SEMESTER OF STUDY: _____

PAPER TITLE: _____ UNIQUE PAPER CODE.: _____

S.No.	Student Roll No	August, 2023		September, 2023		October, 2023		November, 2023		December, 2023		Grand Total	
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Signature of Teacher :