



**AWARD LIST PRACTICAL**

INSTITUTE/DEPARTMENT \_\_\_\_\_ TERM. \_\_\_\_\_ YEAR \_\_\_\_\_ BATCH \_\_\_\_\_

SUBJECT: \_\_\_\_\_ DATE OF CONDUCT \_\_\_\_\_

NAME OF 1. INTERNAL EXAMINER \_\_\_\_\_

2. EXTERNAL EXAMINER \_\_\_\_\_

Sr. No.	ID No.	MARKS AWARDED FOR:			TOTAL MARKS IN WORDS
		Objective Type test out of <input type="checkbox"/> Marks	Conduct of Practical / Viva-Voce out of <input type="checkbox"/> Marks	Total Marks in Figure out of <input type="checkbox"/> Marks	

SIGNATURE OF INTERNAL EXAMINER

SIGNATURE OF EXTERNAL EXAMINER

Dated: \_\_\_\_\_

Note: 1) OVER WRITING/CORRECTION, IF ANY, BE PLEASE SIGNED BY BOTH EXAMINERS.  
2) THE USE OF ANY KIND OF FLUID ERASURE IS NOT PERMISSIBLE.