



বিদ্যাসাগর বিশ্ববিদ্যালয়

**VIDYASAGAR UNIVERSITY**  
**(For Under Graduate Examinations)**

Total Pages:

**Part A: For Candidate**

To be filled by the Candidate			
Name of the Examinations:			
Year of Examinations		202_	
Candidate's Roll:		No:	
Registration No.		Year:	
Subject		Paper	
Half (if any)			

**Part: For Examiner**

Q. No										Total
Marks obtained										

Signature of the Examiner

Signature of the Officer – in- Charge/ HOD

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