New Form No.C-10

FOIL/COUNTER FOIL

AYUSH AND HEALTH SCIENCES UNIVERSITY, OF CHHATTISGARH RAIPUR(C.G.)

(Established by C.G. Act 21/2008)

…… ……..Examination 20……..

Practical/Viva/Dissertation Examination in …… ……

Subject……..……..Section…….. ……

Center…… …… ……

Date of Which Examination was held…… …….. ……

No. of Candidates Examined……..……

S.No.	Roll No.	Oral Max(……..)	Practical Max(……..)	Internal Assessment	
				Theory Max(……..)	Practical Max(……..)

(Note: This statement should be submitted in duplicate)(Foil/Counter Foil)

Note: Kindly send List of Absent Students

Date……

Name and addressof Internal Examiner……

……

Sign……

Date……

Name and addressof External Examiner……

……

Sign……