UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

<u>STATEMENT OF WORK</u>

Name of Practical Examination _____

Name of Subject _____

Name of Examiner _____

Name of College _____

Name of Centre: Institute of Engineering and Technology, Kohinoor

SL No	Date & Session	No of batches	No of Registred students	No of Appeared students	No of Absent students	Remarks
	Total					

External Examiner
(Name & Signature)