SAURASHTRA UNIVERSITY
Mark Sheet of Practical Examinations

For Office Use Only

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5:  

March / April  
October/November  
Year  
Date:  

Examination Name:  
Subject Name:  
College Name:  

Examiner's Full Name:  

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Signature  

Seat No.  
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Mention A for Absent and Z for Zero in Column AB/ZERO
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**Remarks (if Any)**

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* Mention A for Absent and Z for Zero in Column AB/ZERO