

DHARANIDHAR UNIVERSITY
KEONJHAR - 758 001, (ODISHA)

Room / Hall No. _____

FORM - II

Name of the Examination _____ Date _____

Sitting _____ Sub _____ Paper _____

Roll No. of the candidate present.

Roll No. of Candidate Absent.

Total Present-

Total Absent-

Signature of the Chief Invigilator