



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL SERVICES DIVISION
MAIDAN GARHI, NEW DELHI – 110068**



AWARD LIST OF TERM-END PRACTICAL EXAMINATION

REGIONAL CENTRE 23

Name of the Programme : DNA **Course Code** : _____

Name of the study centre : _____ **Month & Year** : _____

Study Centre Code : _____ **Maximum Marks** : _____

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Self Activities M.M 25	Supervised Activities M.M 25	Practical Examination M.M (50)	Remarks Pass/Fail

Signature with date _____ **Signature with date** _____

Name of the _____ **Name of the** _____

Internal Examiner _____ **Internal Examiner** _____

Signature of Programme In-charge

Date _____ **With Official Seal**

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned

Regional Centre and second copy must be preserved at the study Centre.