



STATE PARAMEDICAL FACULTY

AWARD SHEET

YEARLY EXAM AUGUST - 2021

INSTITUTE NAME-

COURSE NAME-

DATE-

SUBJECT NAME-

SHIFT

YEAR

S.No.	Enrollment No.	Student Name	Father Name	Internal Assesment MM-----	Theory MM-----	Practical MM-----
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

13						
14						
15						
16						
17						
18						
19						
20						

**TOTAL
STUDENT**

TOTAL PRESENT

TOTAL ABSENT