



PONDICHERRY UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
EXAMINATION WING

Seal of Twinning Mode
Seal of Director of DDE
(Office Use Only)

Part – I (to be filled by the candidate)

Enrolment No.

--	--	--	--	--	--	--	--	--	--

Name of the Student:.....

Degree / Branch:..... Year/Semester:.....

Subject Title:..... Subject Code:.....

Date of Exam:..... Session (F/N) No. of Pages Written:.....

.....
(Signature of the Student)

Part – II (Marks to be filled-in by the Examiner)

Q. No.	Sub Division Marks				Total Marks	Q. No.	Sub Division Marks				Total Marks
	(a)	(b)	(c)	(d)			(a)	(b)	(c)	(d)	
Section A						Section B					
1						9					
2						10					
3						11					
4						12					
5						13					
6						14					
7						15					
8						16					
Section A- Total (1-8)						Section B- Total (9-16)					
Q. No.	Sub Division Marks				Total Marks	Grand Total (A + B + C)					
	(a)	(b)	(c)	(d)		(In Figures)					
Section C						In Words:					
17											
Section C -Total (17)											

Name & Signature of the Chief Examiner / Chairman

Name & Signature of the Examiner (with Date)