

## LIST OF DIFFERENTLY ABLED STUDENTS

**Name of the School:**

Name of the Department:

Name of the Course(PG):

Month / Year of Passing:

Batch:

No. of Students/ Strength

Sl. No.	Name of the Candidate & Register Number (The spelling should be as per the qualifying records)	% CGPA Secured	Residence Address	Mobile No.	Email ID.	Students Photo	Aadhar No	Passout month and year	Remarks

Signature of HOD