Form No. BU/EXC/53 Confidential

BERHAMPUR UNIVERSITY

PROFORMA-III

Name of the Centre ____________________

Date ________ Examination ____________ Sitting ________

Subject ____________ Room No. ____________

Roll No.	Serial No. of the Answer Book used		Signature of candidate in full	Signature of the Invigilator
	Original	Additional		

Signature of Centre Superintendent

Date :