



INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL CENTRE, NCT OF DELHI- 2
 Gandhi Smriti & Darshan Samiti, Rajghat, New Delhi-110002
 Phone No-23392376 & 23392377 Email: rcdelhi2@ignou.ac.in

Award List of Term-end Practical Examination

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 Incharge
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.