



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**Regional Centre, Delhi-2**  
**AWARD LIST FOR ASSIGNMENTS EXAMINATION**  
**(To be filled in Triplicate)\***

Name of the Programme:.....

Assignment No.....

SC/PSC/Code:.....

Course Code:.....

Address:.....

Maximum Marks: .....

Please arrange Enrolment Nos. in ascending order only and write complete and correct enrolment number in nine digits.

| S.No. | Enrolment No. | Name of Candidate | Grade/Marks | Sl.No. of Register |
|-------|---------------|-------------------|-------------|--------------------|
| 1     |               |                   |             |                    |
| 2     |               |                   |             |                    |
| 3     |               |                   |             |                    |
| 4     |               |                   |             |                    |
| 5     |               |                   |             |                    |
| 6     |               |                   |             |                    |
| 7     |               |                   |             |                    |
| 8     |               |                   |             |                    |
| 9     |               |                   |             |                    |
| 10    |               |                   |             |                    |
| 11    |               |                   |             |                    |
| 12    |               |                   |             |                    |
| 13    |               |                   |             |                    |
| 14    |               |                   |             |                    |
| 15    |               |                   |             |                    |
| 16    |               |                   |             |                    |
| 17    |               |                   |             |                    |
| 18    |               |                   |             |                    |
| 19    |               |                   |             |                    |
| 20    |               |                   |             |                    |

Signature of Coordinator.....

Signature of Evaluator.....Evaluator Code.....

Date:.....

Date:.....

Name.....

Office Stamp

Address.....