



1 YEAR PROGRAMME TECHNICAL INDEPENDENTS
INSTITUTE OF TECHNOLOGY AND MANAGEMENT
WILSON COLLEGE

SEMESTER

YEAR

ROLL NO.

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NAME
REG. NO.
SECTION

Sl. No.	Name of the Candidate	Theory			Practical			Total	Grade
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Sl. No.	Name of the Candidate	Grade	Percentage				Total	Grade
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Signature of the Controller of Examinations: _____ Date: _____