**ANNEXURE I**

**CENTRAL UNIVERSITY OF GUJARAT**

**SECTOR 29, GANDHINGAR**

**EXAM TIME-TABLE FOR BACKLOG EXAMINATION**

**Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Name of the Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SR. NO.** | **NAME OF STUDENT** | **ENROLLMENT NO.** | **WRITTEN EXAM REQUIRED YES /NO** | **WRITTEN EXAM REQUIRED YES /NO** | **WRITTEN EXAM REQUIRED YES /NO** | **WRITTEN EXAM REQUIRED YES /NO** | **WRITTEN EXAM REQUIRED YES /NO** |
| **Date & Time:** | **Date & Time:** | **Date & Time:** | **Date & Time:** | **Date & Time:** |
|  |  |  |  |  |
| **Paper-1** **Course Title and Course Code****(Please mentioned YES /NO in below line)** | **Paper-2** **Course Title and Course Code****(Please mentioned YES /NO in below line)** | **Paper-3** **Course Title and Course Code****(Please mentioned YES /NO in below line)** | **Paper-4** **Course Title and Course Code****(Please mentioned YES /NO in below line)** | **Paper-5** **Course Title and Course Code****(Please mentioned YES /NO in below line)** |
| 1 | ABCD | XXXX | YES | NO | YES | YES | YES |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
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| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| **Name & Contact No. of Paper Setter:** |  |  |  |  |  |
| **Invigilation Duty:** Name & Contact of InvigilatorName & Contact of Reliever |  |  |  |  |  |
| **Paper Assessment Duty:** Name & Contact No. of Faculty |  |  |  |  |  |

 \*Additional rows and/or column may be added as required

Signature of HOD Signature of Dean