



KIBABII UNIVERSITY

EXAMINATION MARK SHEET

FACULTY/SCHOOL:.....

PROGRAMME: **MODE OF STUDY**.....

DEPARTMENT:

COURSE CODE: **COURSE TITLE:**

ACADEMIC YEAR: **YEAR OF STUDY:** **SEMESTER:**

(To be completed in triplicate: Original (soft and Hard)- Dean's Office, Duplicate - Department, Triplicate- Course Lecturer)

S.NO	REG.NO	NAME	CAT MARK	EXAM TT	I.E TT	E.E TT	AGREED TT	GRADE	REMARKS
1									
2									
3									
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14									

INTERNAL EXAMINER NAME SIGN:..... DATE:..... MOBILE:.....

COD NAME..... SIGN:..... DATE:.....

EXTERNAL EXAMINER NAME: SIGN:..... DATE:.....



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