

COMPARTMENT EXAMINATION FORM

ACADEMIC YEAR – 20 –20

SEM – V & VI

Name of Student :

Reg. No. : AT- Mob No :

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Sr No	Course No	Title of the Course	Credits T+P= Total	Offered	
				Yes	No
1					
2					
		Total Credits			

Date:

Student Signature

Recommendation of the Counsellor

It is recommended that he/she may allowed to register for Compartment Examination During Academic Year

Signature

Name

Date :

FOR OFFICE USE ONLY

Academic Clerk

Dr. D. Y. Patil College of Agriculture,
Talsande, Kolhapur

Registrar

Dr. D. Y. Patil College of Agriculture,
Talsande, Kolhapur

Principal

Dr. D. Y. Patil College of Agriculture,
Talsande, Kolhapur