

User Request Form

Name of the Department: Program: Bachelor Master MPhil PhD (Please put a tick(✓) mark in relevant program)

Session: Name of the Exam: Year: Semester, Exam Year:

| Sl. No. | User | Name and Designation | Cell Phone | E-mail Address | Please put your signature in the specific box as per your position. | |
|---------|------------------------------------|----------------------|------------|----------------|---|---|
| | | | | | <u>Tabulator I</u> Signature Box ↓ | <u>Tabulator II</u> Signature Box ↓ |
| 01 | Chairman, Department | | | | | |
| 02 | Chairman, Exam Committee | | | | | |
| 03 | Member, Exam Committee | | | | | |
| 04 | Member, Exam Committee | | | | | |

Signature:

Chairman of the Department

Date: __ / __ / __ __

[NB - Password will be sent through e-mail to the concerned person.]