

# GUJARAT TECHNOLOGICAL UNIVERSITY

## ZONE – 5, SURAT

### FORMAT - A

(FILL FORMAT – A FOR EACH SUBJECT SEPARATELY)

COLLEGE CODE :- \_\_\_\_\_ EXAM DATE:- \_\_\_\_/\_\_\_\_/\_\_\_\_

COLLEGE NAME :- \_\_\_\_\_

BRANCH NAME :- \_\_\_\_\_

SUBJECT CODE :- \_\_\_\_\_

SUBJECT NAME :- \_\_\_\_\_

SR. NO.	BLOCK NO.	NO. OF PRESENT STUDENT (A)	NO. OF ABSENT STUDENT (B)	NO. OF UFM CASE (C)	TOTAL A+B+C	SEAT NO. OF ABSENT STUDENTS	SEAT NO OF UFM CASES	REMARKS IF ANY
<b>TOTAL</b>								

\*to be filled by GTU Co-ordinator of particular Institutes

Sign of Observer

Institute Seal

Sign of GTU Co-ordinator