



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY, AMARKANTAK (M.P.)

Academic Session

ATTESTATION CARD

Note: No Correction/overwriting shall be accepted unless verified by the University authorities.

Center of Examination: **Amarkantak** **IITM Gwalior**

Name of the Examination : **External Exam** Course : **MBA(TTM)** Semester :

Name of the Examinee (in block letters) _____

Enrollment No. _____ (To be filled by the Examinee)

Name of the Theory and Practical Courses and Viva-Voce (to be filled by the examinee during Examination)

S.No.	Date of Exam	Titles of the Course	Signature of the Examinee	Signature of Invigilator
1				
2				
3				
4				
5				
6				
7				

PHOTO
COMPULSORY

Full Signature of Examinee

Signature & Seal of
Exam. Superintendent

Signature & Seal of
Controller of Examinations



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Name of the Examination : **External Exam** Course : **BBA(TT)** Semester :

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COMPULSORY

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S.No.	Date of Exam	Titles of the Course	Signature of the Examinee	Signature of Invigilator
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4				

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COMPULSORY

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S.No.	Date of Exam	Titles of the Course	Signature of the Examinee	Signature of Invigilator
1	20.03.2023	BBAT 101 : Management Concepts & Principles		
2				
3				
4				

Full Signature of Examinee

Signature & Seal of
Exam. Superintendent

Signature & Seal of
Controller of Examinations