Form No. A

To,	Form to be prepared in Quadruplicate
The Controller of Examinations,	1st Copy to COE
Pariksha Bhavan, S.N.D.T. Women's University,	2nd Copy to Courier
Juhu Road, Santacruz (West), Mumbai - 400 049.	3rd Copy to College
	4th Copy to paste on Bundle

Name of the Examination			
Date of Examination			
Centre Name:			
Total Number of Bundles:		**Centre Code:**	

Details of Answerbooks Dispatched

Sr. No.	Subject Code	Medium	Examination Pattern (Semester / Annual)	Number of Answerbooks

Date of dispatch: _____

Department /College Seal:		Signature: _____
Place:		Name:
		Suptd. Of Examinations

Courier Person Name :-	
Courier Person Signature :-	
Date: **Time:**	**Courier Person Contact No :-**

Note: To be submitted along with the Answerbooks Parcel

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Receiver's Signature: _____

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Date : - _____ Time:- _____ Place: _____