

TABULATION REGISTER (CBCS) 2016-17

M.A.(YOGA) I SEMESTER

ROLL NO	NAME	ME	DI	U	M	ATTEMPT	COURSE CODE	COURSE CREDIT	MAX MARKS	OBT MARKS	END SEM EXAM	TOTAL MARKS	LETTER GRADE	GRADE POINT	CREDIT POINT
ENROL NO	F/H NAME														
REMARK/ WITH HELD	MOTHER'S NAME														
	PREVIOUS REF														

CHAIRMAN, BOS/PROGRAMME COORDINATOR

HEAD




DEAN