

**Nov/Dec-2017 Diploma Semester Examinations**

**(Details to be sent to The Secretary, BTE, Bangalore before completion of Exams)**

**Name of Institution:**

**Inst. Code: (Exam.Centre):**

	<b>NAME OF CS/DY.CS/CO/IA Verifier  (with Mob.No.)</b>	<b>INST. CODE &amp; ADDRESS</b>	<b>PERIOD  ( Dt: to )</b>	<b>Signature</b>
<b>CHIEF SUPDT.</b>				
<b>CHIEF OBSERVER</b>				
<b>DY.CHIEF SUPDT-1</b>				
<b>DY. CHIEF SUPDT-2</b>				
<b>IA VERIFIER</b>				

**Clubbed Inst. Code (if only):**

**DATE:**

**PLACE:**

**PRINCIPAL**