

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

243, Pragathi Arcade, 3rd Main, 3rd Cross, Chamarajpet, Bangalore - 560 018. Ph. 2661 0787, 2661 0812 Fax : 080-2661 6313

RE-VALUATION PROFORMA (To be filled up by the principal) **Examination held on August / Feb 20.....**

SL No	Reg. No.	Name of the Student	Year of the Course (Write year wise & Syllabus wise)	Paper – I	Paper – II	Paper – III	Paper IV	Total amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

1st Year Total No. Students -----

D.D.No. -----

Total Amount: -----

2nd Year Total No. Students -----

Date: -----

3rd Year Total No. Students -----

Bank: -----

Signature of the Principal
Name of the School with Seal

OFFICE USE

C.R.NO. -----

DATE: -----