

ANNEXURE 9 (NINE)

EXAMINATION – WISE LIST OF STUDENTS FOR EXTENSION WORK

Name of the College: _____

Class: _____

Year: _____

Sr. No.	M/F	Name of the Student Surname/ First Name /Father's Name / Mother's Name	Roll No.	Exam. Seat No.	Activity Code

We hereby certify that the candidates mentioned above have participated in the Extension Work Program and that they have completed not less than 120 / 240 hours work in their project.

Sign. of Extension Work Teacher

Sign of Principal with College Seal

Sign of Director, DLLE with Seal