

## User Request Form

Name of the Department: .....Program:  Bachelor  Master  MPhil  PhD (Please put a tick(✓) mark in relevant program)

Session: .....Name of the Exam: .....Year.....Semester, Exam Year.....

Sl. No.	User	Name and Designation	Cell Phone	E-mail Address	Please put your signature in the specific box as per your position.	
01	Chairman, Department				<u>Tabulator I</u> Signature Box ↓	<u>Tabulator II</u> Signature Box ↓
02	Chairman, Exam Committee					
03	Member, Exam Committee					
04	Member, Exam Committee					

Signature:

Chairman of the Department

Date: \_\_/\_\_/\_\_\_\_\_

*[NB - Password will be sent through e-mail to the concerned person.]*