

UTTARAKHAND TECHNICAL UNIVERSITY, DEHRADUN

CARRY OVER EXAM FORM – EVEN SEMESTER SESSION 2021- 22

Student Name : _____

Roll No : _____

Branch : _____

Year : _____

Subject Code & Name:-

S.NO	SUBJECT NAME	CODE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Student Signature

Signature of Director

Date _____

NOTE: Students are advised to fill the correct subject code