

गणित विभाग

DEPARTMENT OF MATHEMATICS

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Refusal Form for Paper Setting

| Name | : | | | |
|-------------------------------|----------|------------------------|-----------|-----------|
| College | : | | | |
| Email | : | | | |
| Phone No. | : | | | |
| Paper allotted | : | Course Title UPC | : | |
| Reason for refus | sal: | | | |
| | | | | Signature |
| Signature : Teacher-In-Charge | | | | Principal |
| (Signed perform may | v he sen | t to head@maths | du ac in) | |