



TUTOR MARKS ASSIGNMENT WORK

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Session: _

Study Center Code: _____ Study Center Name: _____

Enrolment Number													
Drug grager Co.d.o													
Program Code													
Program Name													
Assignment Code /													
Subject Code													
Name of Candidate													
Address													
Email ID of Candidate													
Candidate Mobile No.													
I hereby declare that (a) my registration for the course is valid and (b) I am submitting the latest assignments													
only.													

Submission Date: _/_ /_ ___

Candidate Signature