

**SHIVAJI UNIVERSITY, KOLHAPUR**

Name and Address of the College (Co-ordinator) .....

College Abb.....

Tel No.with Code :- .....E-mail.ID :-.....

Name of the Principal :- .....Cell No. :- .....

<b>Sr.No.</b>	<b>Name of the Examination Centre</b>	<b>Session</b>	<b>Period</b>	<b>Name &amp; College of Internal Sr. Supervisor</b>	<b>Mobile Number</b>	<b>Name &amp; College of External Sr. Supervisor</b>	<b>Mobile Number</b>
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Principal/Co-ordinator

**\* Use separate format for each Session.**

October/November, 2015 (Sessions)

**For All Exam excluding Law & M.B.A.**

<b>Sr. No.</b>	<b>Period</b>	<b>Session</b>
1	26/10/2015 to 31/10/2015	I
2	02/11/2015 to 07/11/2015	II
3	16/11/2015 to 24/11/2015	III
4	26/11/2015 to 05/12/2015	IV
5	07/12/2015 to 15/12/2015	V
6	16/12/2015 to 26/12/2015	VI
7	28/12/2015 to 07/01/2016	VII

**For Law & M.B.A. Exam**

<b>Sr. No.</b>	<b>Period</b>	<b>Session</b>
1	26/11/2015 to 05/12/2015	I
2	07/12/2015 to 15/12/2015	II
3	16/12/2015 to 26/12/2015	III
4	28/12/2015 to 07/01/2016	IV