

(Appointment Section)

SHIVAJI UNIVERSITY, KOLHAPUR

Name & Address of the College (Co-ordinator) ----- College Abbreviation-----

Tel.No.with Code :- -----

E-Mail.ID :- -----

Name of the Principal :- -----

Mobile No.. : - -----

Sr.No.	Name of the Examination Centre	Session	Period	Name of the exams in College	Name & College of Internal Sr. Supervisor	Mobile Number & E-mail ID	Name & College of External Sr. Supervisor	Mobile Number & E-Mail. ID
1								
2								
3								
4								
5								

Principal/Director (Co-Ordinator)

College Name :-----

- Use separate typed format for each session.