

(Appointment Section)

SHIVAJI UNIVERSITY, KOLHAPUR

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

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

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

Name of the HOD/Director :- -----

Mobile No. :- -----

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

HOD/Director (Co-Ordinator)

Department Name :-----

- Use separate typed format for each session.