

## ITM COLLEGE OF ARTS AND SCIENCE, MAYYIL

## **EXAMINATION BRANCH**

## MODEL EXAMINATION HALL TICKET

			HALL I	ICKEI	
Register Number					
Name of the Candidate					
Name of the programme Semester					
Month and Year					
		Details of o	courses for which	the candidate is ap	pearing
SL NO			Name of the Paper		Invigilator's signature
1					
2					
3					
4					
5					
6					
		Signature of the HC o be signed on the p	photograph)	ticket for all examination:	
Signatur	e of the	candidate			MA.
(To be signed in the presence					Principal

ITM College of Arts and Science

of the identifying officer)