SCHEDULE_FINAL ASSESSMENT

Programme	:	**M. Tech. / M. Arch. / MCA / MBA / M. Sc. / MA**
Department	:	
Specialization	:	
Semester	:	
Session	:	July / January 20__
Section	:	
Month & Year of Final Assessment	:	

Schedule for Final Assessment

Sl. No.	Course Code	Course Title	Date	Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Venue: _____

Chairperson (Class Committee)   **Head of the Department**

Kindly send the scanned copy to pgsection@nitt.edu