



# बाबासाहेब भीमराव अम्बेडकर विश्वविद्यालय

विद्या विहार, रायबरेली रोड, लखनऊ-226025

**BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY**

(A CENTRAL UNIVERSITY)

VIDYA VIHAR, RAE BARELI ROAD, LUCKNOW-226025

Date: 09/03/2019.....

Letter No. ...819.COE/BBAU/2019

To,

All Heads/Coordinators

BBA University

Lucknow

Dear Sir/Madam,

In order to prepare Results for this semester (May, 2019) the following information may please be provided **URGENTLY** by 14.03.2019 :-

1. The details of the program and subjects in the enclosed format by E-mail attachment (soft copy) to [examsectionbbau@gmail.com](mailto:examsectionbbau@gmail.com)
2. The duly signed hard copy of the above.
3. Heads/Coordinators may please verify the details of School, Department, Program Name (**before restructuring**), and details of School, Department, Program Name (**After restructuring only for Session 2018-2019 admitted**), Course Code, Course Name, Credit and Type of Course before sending to the COE Section, as no change will be entertained in future.

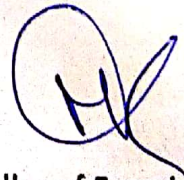
Thanks for Your kind cooperation.

**Encl.:- as above.**

Controller of Examination  
[examsectionbbau@gmail.com](mailto:examsectionbbau@gmail.com)

Copy to:-

1. All Deans, BBAU Lucknow
2. AR (Academic)
3. University Website

  
Controller of Examination  
[examsectionbbau@gmail.com](mailto:examsectionbbau@gmail.com)

Name of School (before restructuring).....

Name of Department(before restructuring):.....

Programme Name (Specify the Course i.e.) .....

(For Ex. M.A. (Sociology):

Semester: ...IV/VI/VIII (tick any one)

Batch : .....

(For Ex.: 2015-17, 2016-18)

**Course Details**

S. No.	Course Code	Course Title	Credit	Specify Type of Course- Core/Compulsory or Optional /Elective	CBCS (Yes /No)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Head of Department /Course Coordinator-

Signature : .....

Name: .....

Date: .....

Details of End Semester Examination

Academic Session- 2018-19

Name of School (After restructuring).....

Name of Department(After restructuring):.....

Programme Name (Specify the Course i.e.) .....  
(For Ex. M.A. (Sociology):

Semester: ...ll

Batch : .....  
(For Ex.: 2015-17, 2016-18)

**Course Details**

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1.					
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6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Head of Department /Course Coordinator-

Signature : .....

Name: .....

Date: .....