



बाबासाहेब भीमराव अम्बेडकर विश्वविद्यालय

विद्या विहार, रायबरेली रोड, लखनऊ-226025

BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY

(A CENTRAL UNIVERSITY)

VIDYA VIHAR, RAE BARELI ROAD, LUCKNOW-226025

Letter No. 485..COE/BBAU/2018

Date...23/10/18.....

To,

All Heads/Coordinators

BBA University

Lucknow

Dear Sir/Madam,

In order to prepare Results for this semester (Dec., 2018) the following information may please be provided **URGENTLY** by 24.10.2018 :-

1. The details of the program and subjects in the enclosed format by E-mail attachment (soft copy) to 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

Copy to:-

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

Handwritten signature and date: 24/10/18

Handwritten signature
Controller of Examination
examsectionbbau@gmail.com

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: **...I**

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 (**before restructuring**)

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

Programme Name (Specify the Course i.e.)

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

Semester: ...III/V/VII (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: