

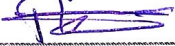



CONTINUOUS ASSESSMENT MARKING SHEET				DATE:
	REG. NO.	INDEX NO.	MARKS (20%)	MARKS (IN LETTER)
31	2015/U/934	151934	16	Sixteen
32	2015/U/935	151935	19	Nineteen
33				
34				
35				
36				
37				
38				
39				
40				

	Examiner / Evaluator	Signature	Date
1.	Dr. N. L. U. Salma		1 <sup>st</sup> February 2021
2.	Dr. MCN Razza		01/02/2021
3.	<del>Dr. A. M. Mustafa</del>	<del></del>	<del>01/02/2021</del>
4.			
5.			
6.			

Director / IIM  
Through Head / Unani  
Head / Study Unit of .....  .....

Date: ..... 16/02/2021 .....