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|  | C:\Users\rsaravanakumar\Desktop\Care_auto_new_Logo.jpg  **End Semester Practical Examination** |

Nov./Dec. ……… / April/May ……… **Examinations**

**Question Set**

Subject Code and Title:

Degree and Branch: Semester:

Department Conducting the Examination:

Date(s) and Time of the Examination: Regulations:

**Scheme of Mark Allotment** (No. of columns can be changed)

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| **Scheme** |  |  |  |  |  | **Total** |
| **Marks** |  |  |  |  |  | **100** |

**Questions** (No. of rows can be changed)

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| **Qn. No.** | **Question** |
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| **Signature of Internal Examiner** | | **Signature of External Examiner** | |
| Name: |  | Name: |  |
| Designation: |  | Designation: |  |
|  |  | Institution: |  |