**STUDENT IDENTIFICATION (I.D.) DEFICIENCY**

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| **TO** | : | JIC Deputy, Education & Training Affairs |
| **SESSION** | : | ………………………………………………………………….…………………….. | **DAY/DATE** | : | …………………………..………………… |
| **TIME** | : | ………………………………………………………………….…………………….. | **SEMESTER** | : | …………………………..………………… |

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| SR. No | I.D. No | Student Name | Course | Exam Session | Proctor Name |
| Course Code | Course Title |
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| **Test Supervisor** | **:** | ……………………………………..…..………….. |  | ……………………………………..…..………….. |  | …………………..……………. |
| Name  | Signature  | Date  |
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