



UP STATE PARAMEDICAL COUNCIL

Exam Attendance Sheet

EXAM CENTRE NAME.....

EXAM CENTRE CODE.....COURSE.....YEAR.....

EXAM CENTRE ADDRESS.....

STATE.....DISTRICT.....PIN.....

SR. NO.	STUDENT NAME	ROLL NUMBER	ENROLLMENT NUMBER	EXAM DATE/TIME	STUDENT SIGNATURE

CENTRE STAMP/SIGNATURE

EXAMINER SIGNATURE