All fields are Mandatory to be filled		
Course Name:	Course Code:	
Registration No.:	Roll No:	
Name:	Father Name:	
Degree Program:	Date:	
Student's Signature:	Page Number: of pages	
START YOUR A		
Note: Write exact question number before attempting your answer.		

Date: Student's Signature:

Course Code:	Roll No:
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Course Code:	Roll No:
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