NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD) (DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSJ&E, GOVT OF INDIA)

National Board of Examination in Rehabilitation (NBER)

EXTERNAL PRACTICAL MARK ENTRY FORM - ----- 20----

Name of the Institute :	Centre Code:		
Program:	Year:	I	II

	XTERNAL RACTICAL	Subject Code:	Subject Code:	Subject Code:	Subject Code:	Subject Code:	Subject Code:	Subject Code:	Subject Code:	Subject Code:	Subject Code:		
		Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Total marks	
S. No.	Enrolment No.	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	obtained	
		Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
Name	Name and Signature of the External Examiner:		Name and Signature of the Course Coordinator:					Institute Seal:					
Date:	Date:			Date:					Signature of the institute head:				

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		Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Total marks
S. No.	Enrolment No.	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	obtained
		Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Name	Name and Signature of the External Examiner:			Name and Signature of the Course Coordinator:					Institute Seal:			
Date:				Date:					Signature of the institute head:			

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		Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Min:	Total marks
S. No.	Enrolment No.	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	Max:	obtained
		Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	Marks obtained	
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
Name	Name and Signature of the External Examiner:			Name and Signature of the Course Coordinator:					Institute Seal:			
Date:			Date:					Signature of the institute head:				