**ANNEXURE**

**STOCK POSITION OF BLANK ANSWER-SCRIPTS/ ADDITIONAL SHEETS**

To

 The Deputy Controller of Examinations-B i/c

 Dibrugarh University

Dibrugarh-786004

Name of the College/ Institution: …………………………………………………………………………...

1. **Balance Stock Position (Stock in hand) :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Type of Scripts** | **Starting Serial No.** | **Ending Serial No.** | **Total** |
| 1 | Blank Answer-Scripts |  |  |  |
| 2 | Additional Sheets |  |  |  |

1. **Approximate Number of candidates (likely to appear in the forthcoming exams):**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Examinations** | **Total No. of candidates** |
| 1 | B.A./B.Sc./B.Com.(Both CBCS and Non CBCS) | 2nd Semester |  |
| 4th Semester |  |
| 6th Semester |  |
| 2 | B.A. / B.Com. (Under DODL) | 2nd Semester |  |
| Part-I |  |
| Part-II |  |
| Part-III |  |
| 3 | Post Graduate | CBCS/ Non -CBCS | Semester (s) |  |
| Under DODL | Previous/ Final |  |
| Semester (s) |  |
| 4 | Others (if any, mention the name) |  |  |

1. **Requirement for forthcoming examinations:**

Even semester (s) / Part I / Part II /Part III / Previous /Final (Please Tick the appropriate box) Session: ……………………………..

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Type of Scripts** | **Required Quantity** |
| 1 | Blank Answer- scripts |  |
| 2 | Additional Sheets |  |

Submitted.

Date with official Seal Signature of the Head of the Institution