Maharashtra University of Health Sciences, Nashik
Final Result of Internal Assessment: Jul -Aug/Nov-Dec Examination 20

Faculty**: Third B.P.Th. (Rev) Name** of College: _____Phone No.: _____

Sr. No.	Name of Student	Seat No.	Surgery	Medicine	Community Health Sociology & Biostatics	Physical Diagnosis Manipulative skill		Sign of Student
			Theory Max. 20	**Theory Max. 20**	**Theory Max 20**	**Theory Max 20**	**Practical Max. 20**	

Sign of HOD	Sign of HOD	Sign of HOD	Sign of HOD

Seal & Signature Dean/Principal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Final Result of Internal Assessment: July-Aug /Nov-Dec Examination 20

Faculty: **Third B.O.Th. (Rev)** Name of College: _____ Phone No.: _____

Sr. No.	Name of Student	Seat No.	**Medicine**	**Surgery+ Orthopedics**	**Psychiatry**	**Work Physiology. & Ergonomics**	**OT in Medical Condition**		**OT Surgical Condition**		**Sign of Student**
			Th. Max.20	Th. Max.20	Th. Max.10	Th. Max 10	Th. Max 20	Practical/ Clinical Max.20	Th. Max 20	Practical / Clinical Max.20	
			Sign of HOD	Sign of HOD	Sign of HOD	Sign of HOD	Sign of HOD		Sign of HOD		

Seal & Signature Dean/Principal