



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Vinit.k

Name and Address of the College SOE, DSU.

Mobile No.: _____

Program CSE / B.Tech. USN ENGT17CS0244.

Current Semester & Branch: 7th Semester, CSE.

Month and Year of Examination: December-2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	7.	Embedded System.	16CS402	30	35	65.
2.	7	IOT	16CS425	32	34	66.
3.	7.	Cloud. computing	16CS430	36	30	66.
4	7.	16IE444 Digital Marketing.	16IE444	34	27	61

Total Re-evaluation / Photocopy fees paid of Rs: 4000 (four thousand only).

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the Student

Date:

Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate M Swathi

Name and Address of the College DSU

Kudlu Coole Mobile No.: _____

Program B.Tech USN ENGLTEC0052

Current Semester & Branch: 7th Sem ESE

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	7 th	Embedded system Design	16EC402	25	29	54

Total Re-evaluation / Photocopy fees paid of Rs: 100/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.



Signature of the Student

Date:

Signature of the HOD / Chairman

Date:



Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Aishwarya Gangajada

Name and Address of the College DSU SOE

Kudlu Gate Mobile No.: _____

Program B.Tech USN EN919CS0017

Current Semester & Branch: 3rd CSE

Month and Year of Examination: Dec-21

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3 rd	Analog Electronics	19CS2305	43	23	66

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____


Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student

Date:

Signature of the HOD / Chairman

Date:


Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Shreyas BU.

Name and Address of the College SOE, DSO

Mobile No.: _____

Program B.Tech / CT USN 52919CT039

Current Semester & Branch: 7, CT

Month and Year of Examination: December, 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3	Analog Electronics	19CS2309	22	28	50

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Shreyas S

Signature of the Student

Date: _____

Signature of the HOD / Chairman

Date: _____

Adinivas

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate AAKASH SARKI

Name and Address of the College dsu SOE

Kudlu Gade Mobile No.: _____

Program B.Tech USN BNG195C1001

Current Semester & Branch: 3rd ECE

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3 rd	Analog Electronics circuit-I	165C202	24	15	39

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

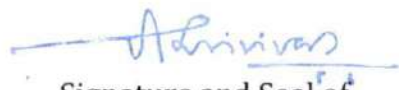
Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student
Date: _____

Signature of the HOD / Chairman
Date: _____


Signature and Seal of the Dean
Date: _____



Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Abhishek Guverappa Gaddad

Name and Address of the College SOE, DSU.

Mobile No.: _____

Program B.Tech - ECE USN EN1919EG1002

Current Semester & Branch: 3 / ECE.

Month and Year of Examination: December - 2021.

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
7	3	16EC206 (Probability Theory and Stochastics)	16EC206	17	18	35
2	3	16MA201 (Engineering Mathematics)	16MA201	20	16	36.

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the Student

Date:

Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Deep Karna U
Name and Address of the College DSU SOE
Kundide gate Mobile No.: _____
Program B.Tech USN ENG19EC1004
Current Semester & Branch: 3rd & ECE
Month and Year of Examination: December - 21

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3 rd	Analog Electronic circuit	19EC202	27	14	41
2	3 rd	Digital Logic Design	19EC204	18	21	39

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the Student

Date:

Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Hemanth Kumar KN

Name and Address of the College SOE, DSU

Mobile No.: _____

Program _____ USN EWG19EC1005

Current Semester & Branch: 3 / ECE

Month and Year of Examination: December 2020

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3	Probability theory and Stochastic Processes	18EC206	22	19	41

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Hemanth Kumar
Signature of the Student
Date: _____

Signature of the HOD / Chairman
Date: _____

Adinivas
Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Mohammed Ashraf A

Name and Address of the College dsu 525

Kudlu Gate Mobile No.: _____

Program B.Tech USN ENGL915C1008

Current Semester & Branch: 3rd & ECE

Month and Year of Examination: December - 21

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3 rd	Digital logic design	165C204	20	15	35

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Mahar
Signature of the Student

Date:

Signature of the HOD / Chairman

Date:

Adinivas
Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate ARCHIT UMESH UDAPUDI
Name and Address of the College DAYANANDA SAGAR UNIVERSITY
KUMARSWAMY LAYOUT B'LORE Mobile No.: 9742588589
Program BACHELOR OF PHYSIOTHERAPY USN (CBPT) HSC16PT039
Current Semester & Branch: II YEAR
Month and Year of Examination: OCTOBER - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		PATHOLOGY	17PT201	7		19
		MICRO BIOLOGY	17PT202	8		27
2		ELECTRO THERAPY	17PT 205	12		71
3		EXERCISE THERAPY	17PT204	12		62

Total Re-evaluation / Photocopy fees paid of Rs: 3000/-

Vide Callan No.: 32020 Dated: 16/12/2021

Name of the Bank which is payable at Bangalore: Card. no 057834

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Udapudi
Signature of the Student

Date: 16.12.2021

M. V. S.
Signature of the HOD / Chairman

Date: 16/12/2021

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate RAKSHITHA.K

Name and Address of the College Dayananda Sagar university

Kumaraswamy layout Mobile No.: 9902724067

Program BPT USN HSCI700PT0030

Current Semester & Branch: 4th year and physiotherapy

Month and Year of Examination: September 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01	3 rd year	General Surgery	17PT302	17	32	49 ✓

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32054 / Dated: 17/12/2021

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Rakshitha.K
Signature of the Student

Date:

M. Vijay
Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate AVINASH P

Name and Address of the College Dayananda Sagar University - COPT
College of Physiotherapy
SM Hills kumarawamy Layout Mobile No.: 7483493866

Program BPT USN HSC18PT0012

Current Semester & Branch: IV yr

Month and Year of Examination: October - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
<u>1</u>	<u>3rd yr</u>	<u>ORTHOPEDIC & TRAUMATOLOGY</u>	<u>17PT303</u>	<u>16</u>	<u>32</u>	<u>48</u>

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32048 Dated: 17/12/21

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Avinash P
Signature of the Student
Date: 17/12/21

M. N. S. H.
Signature of the HOD / Chairman
Date: 17/12/2021

Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate CHANDANA.C

Name and Address of the College Dayananda Sagar College

of Physiotherapy Mobile No.: 8152824310

Program Health Science USN HSC18PT0015

Current Semester & Branch: 2nd Year

Month and Year of Examination: September - October

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		Pathology / Microbiology	17PT201/202	16+	30 =	46
2		Exercise therapy	17PT 204			66/33

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 32027 Dated: 16/12/2021

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Chand
Signature of the Student

Date: 15/12/21

M. Nij
Signature of the HOD / Chairman

Date: _____

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Chaya. A.M

Name and Address of the College Dayananda Sagar College of physiotherapy, Kumaraswamy Layout, Bangalore Mobile No.: 8861553289

Program BPT USN HSC18PT0016

Current Semester & Branch: 2nd Year

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.	2nd	Exercise therapy	17PT204	13		70

Total Re-evaluation / Photocopy fees paid of Rs: 1000₹

Vide Callan No.: 32018 Dated: 16/12/21

Name of the Bank which is payable at Bangalore: card no 655606

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Chaya A.M
Signature of the Student
Date: 16/12/21

M. M. S.
Signature of the HOD / Chairman
Date: 16/12/2021

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate GANAVI.R

Name and Address of the College Dayananda Sagar university

S.M. hills kumaraswamy layout B-560078 Mobile No.: 7022144016

Program BPT USN HSC18PT0019

Current Semester & Branch: IV Year

Month and Year of Examination: OCTOBER - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3 rd	Orthopedics & Sports Physiotherapy	17PT304	17	57	74

Total Re-evaluation / Photocopy fees paid of Rs: 1000

Vide Callan No.: 32043 Dated: 17/12/21

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

GANAVI.R
Signature of the Student
Date: 17/12/21

M. N. S.
Signature of the HOD / Chairman
Date: 17/12/2021

Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate HARSHITHA.T.K.
Name and Address of the College Dayananda Sagar University
Kumar Swanmy layout, B18 Mobile No.: 9901621817
Program BPT USN HSC18PT0024
Current Semester & Branch: 2nd year
Month and Year of Examination: October 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.		Pathology / Microbiology	17PT201			47
			/202			
2.		Pharmacology	17PT203			41
3.		Exercise therapy	17PT204			70/31

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 32029 Dated: 16/12/2021

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Harshitha T.K.
Signature of the Student

Date: 15/12/21

M. Nijil
Signature of the HOD / Chairman

Date: _____

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate HIBA FATHIMA

Name and Address of the College DAYANANDA SAGAR UNIVERSITY,

COLLEGE OF PHYSIOTHERAPY Mobile No.: 7026889900

Program BPT USN HSC18PT0025

Current Semester & Branch: IVth YEAR

Month and Year of Examination: OCTOBER 2021


Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	3	ORTHOPEDICS AND SPORTS PHYSIOTHERAPY.	17PT304	18	55	73
2	3	ORTHOPEDICS AND TRAUMATOLOGY.	17PT303	18	24	42


Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 29961 Dated: 14/12/21

Name of the Bank which is payable at Bangalore: STATE BANK OF INDIA.

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student
Date: 16/12/21


Signature of the HOD / Chairman
Date: 16/12/2021

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate SYEDA SHAISTA NAZ

Name and Address of the College DAYANANDA SAGAR UNIVERSITY - COPT

SM HILLS Kumaraswamy Layout B'lore-560078 Mobile No.: 9341280430

Program Bachelors of Physiotherapy USN HSC18PT0051 ✓

Current Semester & Branch: IV YEAR

Month and Year of Examination: OCTOBER - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.	RD 3 RD YR	Orthopedics & Sports Physiotherapy	19PT304	17	62	79 ✓

Total Re-evaluation / Photocopy fees paid of Rs: Rs 1000/-

Vide Callan No.: 32044 Dated: 17/12/21

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Shaistanaaz

Signature of the Student

Date: 17/12/21

M. M. M. M.
17/12/2021

Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate HARSHITHA . N
Name and Address of the College SM Hills, Kumaraswamy Layout,
Bengaluru 560078 . Dayananda sagar university Mobile No.: 9206666946
Program BPT USN HSCI9PT0021
Current Semester & Branch: IInd year
Month and Year of Examination: October 2020-2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.		Pharmacology	17PT203	12		45 ✓
2.		Exercise therapy	17PT204	12		77 ✓

Total Re-evaluation / Photocopy fees paid of Rs: 2000/- ✓
Vide Callan No.: 32025 ✓ Dated: 15/12/21 ✓
Name of the Bank which is payable at Bangalore: ~~76/12/21~~

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the Student: Harshitha . N Date: 15/12/21
Signature of the HOD / Chairman: M. V. S. Date: 16/12/2021
Signature and Seal of the Dean: _____ Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate LOHITH R.R

Name and Address of the College DAYANANDA SAGAR UNIVERSITY

SM HILLS KUMARASWAMY LAYOUT Mobile No.: 636096357

Program BACHELOR OF PHYSIOTHERAPY USN H5C19PT0031

Current Semester & Branch: II

Month and Year of Examination: Nov - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		PHARMACOLOGY	17PT203			47

Total Re-evaluation / Photocopy fees paid of Rs: 1000-00


Vide Callan No.: 825788 Dated: 14/12/21

Name of the Bank which is payable at Bangalore: BOBCARDS

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student

Date: 14/12/21


Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate MANJARIKA . R.

Name and Address of the College DAYANANDA SAGAR UNIVERSITY.

KUMARASWAMY LAYOUT, B'LOK-78 Mobile No.: 7899479218.

Program PHYSIOTHERAPY. USN HSC19PT0032.

Current Semester & Branch: II YEAR

Month and Year of Examination: OCTOBER 2021.

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01.		<u>PATHOLOGY</u>	<u>1FPT201</u>	<u>08</u>		<u>20</u>
		<u>MICROBIOLOGY</u>	<u>1FPT202</u>	<u>07</u>		<u>28</u>
02.		<u>PHARMACOLOGY</u>	<u>1FPT203</u>	<u>12</u>		<u>48</u>
03.		<u>EXERCISE THERAPY.</u>	<u>1FPT204.</u>	<u>12</u>		<u>76</u>

Total Re-evaluation / ~~Photocopy~~ fees paid of Rs: 3000/-

Vide Callan No.: 29956 Dated: 14/12/2021.

Call no. 124958
Name of the Bank which is payable at Bangalore: -

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Manjarika R.
Signature of the Student
Date: 13/12/2021.

U. Singh
Signature of the HOD / Chairman
Date: 14/12/2021

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate PUNEETHO U ✓

Name and Address of the College DAYANANDA SAGAR UNIVERSITY

SM Hills KUMARSWAMY LAYOUT Mobile No.: 7022646161

Program BACHELOR OF PHYSIOTHERAPY USN HSC19PT0042 ✓

Current Semester & Branch: II

Month and Year of Examination: Nov - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01		PHARMACOLOGY	17PT203			38

Total Re-evaluation / Photocopy fees paid of Rs: 1000-00 ✓

Vide Callan No.: 29983 ✓ Dated: 15-12-21 ✓

Name of the Bank which is payable at Bangalore: State credit card no 897639

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.



Signature of the Student

Date: 15.12.21



Signature of the HOD / Chairman

Date: 15/12/2021

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate SHRADDHA ANUP KUMAR

Name and Address of the College DAYANANDA SAGAR UNIVERSITY

KUMARSWAMY LAYOUT, B'LORE-78 Mobile No.: 9980999345

Program BACHELOR OF PHYSIOTHERAPY (BPT) USN HSC19PT0053

Current Semester & Branch: II YEAR

Month and Year of Examination: OCTOBER - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.		PATHOLOGY	17PT201	9		16
		MICROBIOLOGY	17PT202	9		28

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32001

Dated: 15/12/2021

Name of the Bank which is payable at Bangalore: (Cash payment. no: 908622)

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Shraddha Anup Kumar

Signature of the Student

Date: 14.12.2021

M. N. Srinivas
15/12/2021

Signature of the HOD / Chairman

Date:

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate SHRIKRUTI S RAO

Name and Address of the College DAYANANDA SAGAR UNIVERSITY

SM Hills, Kumarswamy layout, Bangalore Mobile No.: 9663842541

Program Bachelors of Physiotherapy (BPT) USN HSC19PT0054

Current Semester & Branch: II YEAR

Month and Year of Examination: OCTOBER 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.		PATHOLOGY	17PT201	9		15
		MICROBIOLOGY	17PT202	9		30
2.		PHARMACOLOGY	17PT203	13		46

Total Re-evaluation / Photocopy fees paid of Rs: 2000 /- ✓

Vide Callan No.: Receipt no 29957 Dated: 14/12/2021

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Shrikruti
Signature of the Student
Date: 14/12/21

M. N. S.
Signature of the HOD / Chairman
Date: 15/12/2021

Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Yashwanth Kumar.R

Name and Address of the College Dayananda Sagar College of

Physiotherapy Kumbalur Layout Mobile No.: 6361892506

Program BPT USN HSE19PT0067

Current Semester & Branch: 2nd year BPT

Month and Year of Examination: October - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
<u>I</u>		<u>Pharmacology</u>	<u>17PT203</u>	<u>12</u>		<u>44</u>

Total Re-evaluation / Photocopy fees paid of Rs: 1000 Rs /

Vide Callan No.: 32026 / Dated: 16/12/21

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Yashwanth
Signature of the Student

Date: 15/12/2021

M. N. S.
Signature of the HOD / Chairman

Date: _____

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate AARYUSHI DEV

Name and Address of the College Dayananda Sagar college of physiotherapy

SM Hells, K.S Layout, Bengaluru Mobile No.: 9889486090

Program BPT USN MSC20PT0001

Current Semester & Branch: 2nd year

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
<u>1.</u>		<u>HUMAN ANATOMY</u>	<u>17PT101</u>	<u>17</u>	<u>38</u>	<u>76</u>

Total Re-evaluation / Photocopy fees paid of Rs: 1000

Vide Callan No.: 32282 Dated: 11.01.2022

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Aaryushi Dev
Signature of the Student
Date: 11/01/2022

[Signature]
Signature of the HOD / Chairman
Date: 11/01/2022

Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate ANJALI. BIRAJDAR

Name and Address of the College DAYANANDA SAGAR UNIVERSITY SHAVIGE
MALLESHWARA HILLS
KUMARASWAMY LAYOUT Mobile No.: 8073055102

Program BACHELOR OF PHYSIOTHERAPY USN HSC20PT0009

Current Semester & Branch: IInd YEAR BPT

Month and Year of Examination: DECEMBER 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1,		BIOCHEMISTRY	17PT103	17	31	48

Total Re-evaluation / Photocopy fees paid of Rs: 1000

Vide Callan No.: 32279 Dated: 11/1/22

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the Student

Date: 11/1/22

Signature of the HOD / Chairman

Date: 11/01/22

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate AZRA TARANUM

Name and Address of the College DAYANANDA SAGAR UNIVERSITY KUMARSWAMY

LAYOUT COLLEGE OF PHYSIOTHERAPY Mobile No.: 8050780406

Program BACHELOR OF PHYSIOTHERAPY USN HSC20PT0011

Current Semester & Branch: IInd YEAR BPT

Month and Year of Examination: DECEMBER 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.	1 st Yr	HUMAN PHYSIOLOGY	17PT102	16	36	74 (22)
2.	1 st Yr	BIOCHEMISTRY	17PT103	15	31	46
3.	1 st Yr	KINESIOLOGY	17PT104	16	38	76 (22)

Total Re-evaluation / Photocopy fees paid of Rs: 3000/-

Vide Callan No.: 32288 Dated: 11/01/2022

Name of the Bank which is payable at Bangalore: CANARA BANK

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Azra Taranum
Signature of the Student

Date: 11/01/2022

[Signature]
Signature of the HOD / Chairman

Date: 11/01/2022

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Chethan . M . K

Name and Address of the College Dayananda sagar university

1st stage Kamaraswamy layout Mobile No.: 8660358599

Program BPT USN H3C2OPT0016

Current Semester & Branch: 1st year (BPT)

Month and Year of Examination: December - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
<u>6</u>	<u>1</u>	<u>Kinviology</u>	<u>12PT104</u>	<u>16</u>	<u>38</u>	<u>78</u> (24)
						<u>5</u>

Total Re-evaluation / Photocopy fees paid of Rs: 1000

Vide Callan No.: 32292 Dated: 11/1/2022

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

[Signature]
Signature of the Student
Date: 11/1/22

[Signature]
Signature of the HOD / Chairman
Date: 11/01/2022
[Signature]

Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate DARSHAN. M

Name and Address of the College DAYANANDA SAGAR UNIVERSITY KUMARSWAMY

LAYOUT COLLEGE OF PHYSIOTHERAPY Mobile No.: 8970966313

Program BACHELOR OF PHYSIOTHERAPY USN HSC20PT0017

Current Semester & Branch: IInd YEAR BPT

Month and Year of Examination: DECEMBER 2022


Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	I st Yr	BIOCHEMISTRY	17PT103	16	31	47

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32287 Dated: 11/1/22

Name of the Bank which is payable at Bangalore: SBI

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student
Date: 11/01/22


Signature of the HOD / Chairman
Date: 11/01/22

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate ISRA SHARIFF

Name and Address of the College DAYANANDA SAGAR COLLEGE

OF PHYSIOTHERAPY Mobile No.: 7349661818

Program BPT USN HSC20PT0022

Current Semester & Branch: Ist year

Month and Year of Examination: DECEMBER - 2021

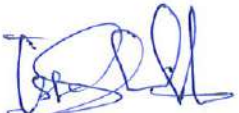
Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	I st year	BIO CHEMISTRY	17PT103	15	26	41

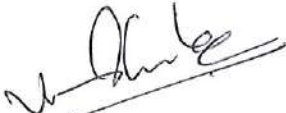
Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 250450 (32308) Dated: 12.02.2022

Name of the Bank which is payable at Bangalore: SYNDICATE BANK

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student
Date: 12/1/2022


Signature of the HOD / Chairman
Date: 12/1/22

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Monica .R.

Name and Address of the College Dayananda Sagar University

Kumassuamy layout Mobile No.: 9019419294

Program BPT USN HSC20PT0029

Current Semester & Branch: 1st year Physiotherapy

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01.	1 st year	Psychology & Sociology.	17PT105	16	33	49
02.	1 st year	kinesology	17PT104	16	38	54

21 = 75

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 32294 Dated: 11/01/2022.

Name of the Bank which is payable at Bangalore: Syndicate Bank (card).

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Moni . R
Signature of the Student

Date: 11/01/2022.

[Signature]
Signature of the HOD / Chairman

Date: 11/01/2022

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate MUHAMMED TALHA HUMAID

KUMARSWAMY

Name and Address of the College DAYANANDA SAGAR UNIVERSITY, ~~KUDLU~~

LAYOUT, SHAVIGE MALLESHWARA HILLS, 1st stage
GATE, HOSSUR MAIN ROAD, BANGALORE

Mobile No.: 9108710218

Program BPT (Bachelor's of Physiotherapy) USN HSC20PT0030

Current Semester & Branch: 1st year, PHYSIOTHERAPY

Month and Year of Examination: DECEMBER 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.	1	PHYSIOLOGY	17PT102	17	34	75 (24)
2.	1	KINESIOLOGY	17PT104	17	35	73 (21)

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 32289

Dated: 11/01/22

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the Student

Date: 11/01/22

Signature of the HOD / Chairman

Date: 11/01/2022

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate MUNNAZZA NIYAZ

Name and Address of the College DAYANANDA SAGAR COLLEGE OF PHYSIOTHERAPY - KUMARSWAMY LAYOUT Mobile No.: 9986455731

Program BPT USN HSC20PT0031

Current Semester & Branch: I YEAR

Month and Year of Examination: DECEMBER - 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.	I yr	PHYSIOLOGY	17PT102	16	37	53
2.						

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 17033655093 Dated: 12.02.2022

Name of the Bank which is payable at Bangalore: (32309) (32309) PAYTM

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Munnazza

Signature of the Student

Date: 12.02.2022

[Signature]

Signature of the HOD / Chairman

Date: 12/1/22

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate NIRANJANA S.H

Name and Address of the College Dayananda Sagar University

of Physiotherapy KumarSwamy ⁴¹⁰ Mobile No.: 6360905615

Program BPT USN H5C20PT0037

Current Semester & Branch: II Year Physiotherapy

Month and Year of Examination: December 2020

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.		KINESOLOGY	17PT104	44	39	83
2.		BIOCHEMISTRY	17PT103	29	16	45

Total Re-evaluation / Photocopy fees paid of Rs: 2000

Vide Callan No.: 32273; 32304 Dated: 12/01/22

Name of the Bank which is payable at Bangalore: ICICI Bank

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Signature of the
Student

Date: 11/01/22

Date:

12/1/22

Signature and Seal of
the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Nishukitha Anand

Name and Address of the College Dayananda Sagar University
Kumarswamy layout Mobile No.: 8951144289

Program BPT USN HSC2OPT0038

Current Semester & Branch: Ist year Physiotherapy.

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01.	I st year	Psychology Sociology	17PT105	16	30	46
			17PT106			

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32295 Dated: 11/01/2022

Name of the Bank which is payable at Bangalore: Bhandhan Bank (card.)

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Nishukitha

Signature of the Student

Date: 11-01-2022

[Signature]

Signature of the HOD / Chairman

Date: 11.01.2022

[Signature]

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Rachitha S

Name and Address of the College College of Physiotherapy

Dayananda Sagar University Mobile No.: 7019079648

Program BPT USN HSC20PT0043

Current Semester & Branch: 1st year BPT

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		Kinesiology	17PT104	17	36	74

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32281 Dated: 11/1/2022

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student

Date: 11-01-2022


Signature of the HOD / Chairman

Date: 11-01-2022

Signature and Seal of the Dean

Date: _____


Ar.



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate REETHA H. G

Name and Address of the College Dayananda Sagar College Shaniya

Mallahwara Hills Kurnaswamy layout Mobile No.: 8088180337

Program Bachelor of Physiotherapy USN HSC2OPT0045

Current Semester & Branch: 2nd year bpt

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		Biochemistry	17PT103	15	34	49

Total Re-evaluation / Photocopy fees paid of Rs: 1000

Vide Callan No.: 32274 Dated: 11/1/22

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

R. H. G
Signature of the Student
Date: 11/1/22

M. S. S
Signature of the HOD / Chairman
Date: _____

Signature and Seal of the Dean
Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Rohit Prasad ✓

Name and Address of the College Dayananda Sagar university

KumarSwamy layout Mobile No.: 8792703278

Program BPT USN HSC20PT0046

Current Semester & Branch: IInd year Physiotherapy

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01	7 th year	Human Physiology.	17PT102	15	35	50

Total Re-evaluation / Photocopy fees paid of Rs: 1 ✓

Vide Callan No.: 32271 Dated: 10th Jan 2022

Name of the Bank which is payable at Bangalore: Canara Bank (card)

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Rohit
Signature of the Student

Date: 10 Jan 2022

[Signature]
Signature of the HOD / Chairman

Date: 11/01/2022

Signature and Seal of the Dean

Date:

[Signature]



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Rumana. M. Varagudi

Name and Address of the College Dayananda Sagar University Kumanaswamy

layout college of physiotherapy Mobile No.: 6364093786

Program BPT USN ASC20PT0047

Current Semester & Branch: 2nd year BPT

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01	1 st year	Human Physiology	17PT102	16	37	53
						75

+22
Viva

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32270 Dated: 10/01/2022

Name of the Bank which is payable at Bangalore: Canara Bank → [copy]

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Rumana
Signature of the Student
Date: 10/1/2022

[Signature]
Signature of the HOD / Chairman
Date: 11/1/2022

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Shreyas . V.

Name and Address of the College Dayananda Sagar University

Kumarswamy layout Mobile No.: 8310224356

Program BPT USN HSC20PT0052

Current Semester & Branch: Ist year Physiotherapy

Month and Year of Examination: December 2021.

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01.	I st year	Kinesiology	17PT104	17	39	56
02.	I st year	Human Physiology	17PT102	17	34	51

27 (83)
22 (73)

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 32293 Dated: 11/01/2022.

Name of the Bank which is payable at Bangalore: Syndicate Bank (card)

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Shreyas . V.
Signature of the Student
Date: 11/01/2022

[Signature]
Signature of the HOD / Chairman
Date: 11/01/2022.
[Signature]

Signature and Seal of the Dean
Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Sonali

Name and Address of the College Dayananda Sagar College of Physiotherapy
SMHills, KS layout, Bengaluru Mobile No.: 8088492178

Program BPT USN HSC20PT0054

Current Semester & Branch: 2nd year

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		Kinesiology	17PT104	17	39	83

Total Re-evaluation / Photocopy fees paid of Rs: 1000

Vide Callan No.: 32283 Dated: 11/01/2022

Name of the Bank which is payable at Bangalore: Paytm

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Sonali

Signature of the
Student

Date: 10/01/2022

[Signature]

Signature of the
HOD / Chairman

Date: 10/01/2022

[Signature]

Signature and Seal of
the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Syed Yaseen

Name and Address of the College Dayanand Sagar College of Physio-therapy, SM Hills, KS layout, Bangalore Mobile No.: 7483019632

Program BPT USN HSC2OPT0063

Current Semester & Branch: 2nd year

Month and Year of Examination: December 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1		Kinesiology	17PT104	16	35	71

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 32280 Dated: 11/11/2022

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Syed Yaseen
Signature of the Student

Date: 10/01/2022

[Signature]
Signature of the HOD / Chairman

Date: 11/01/2022

Signature and Seal of the Dean

Date: _____



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate VASANTH KUMAR. N

Name and Address of the College DAYANANDA SAGAR COLLEGE OF
PHYSIOTHERAPY, KUMARSWAMY LAYOUT Mobile No.: 9019694438

Program BPT USN HSC2OPT0066

Current Semester & Branch: I YEAR

Month and Year of Examination: DEC-2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
10	I st	BIOCHEMISTRY	17PT103	15	26	41

Total Re-evaluation / Photocopy fees paid of Rs: ₹ 1000/-

Vide Callan No.: 32306 Dated: 12/1/2022

Name of the Bank which is payable at Bangalore: Paytm: 17044540285
(Canara Bank)

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Vasanthan
Signature of the Student

Date: 12/1/2022

[Signature]
Signature of the HOD / Chairman

Date: 12/1/22

Signature and Seal of the Dean

Date:



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Debapriya Kunder
Name and Address of the College Dayananda Sagar University
College of Nursing Sciences Mobile No.: 8670094133
Program B.Sc. Nursing USN HSC18BN0015
Current Semester & Branch: 2nd year
Month and Year of Examination: 2022 - Feb

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.		Community Health education	16NS205	25	15	40
2.		Communication Educational and Technology	16NS206	36	15	51

Total Re-evaluation / Photocopy fees paid of Rs: 2000/-

Vide Callan No.: 205775832602 Dated: 26/02/22

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Debapriya Kunder
Signature of the Student
Date: 28/02/22

[Signature]
Signature of the HOD / Chairman
Date: 28/02/22

[Signature]
Signature and Seal of the Dean
Date: 28/2/2022
PRINCIPAL
College Of Nursing Sciences
DAYANANDA SAGAR UNIVERSITY
Kumara Swamy Layout, Bengaluru-560 078.



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Nithin S.M.

Name and Address of the College Dayananda Sagar University

College of Nursing Science, Mobile No.: 8123607125

Program BSc Nursing, USN HSc18BN10034

Current Semester & Branch: IInd year Bsc-Nursing

Month and Year of Examination: _____

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	II nd yr	Sociology	16NS201	14	33	47
2	II nd year	Pharmacology & Pathology	16NS202 203	15	36	51
3	II nd year	Communication education technology	16NS206	14	36	50

Total Re-evaluation / Photocopy fees paid of Rs: 3000/-

Vide Callan No.: 205200368214 Dated: 102/2022

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Nithin S.M.
Signature of the Student
Date: 28/02/2022

[Signature]
Signature of the HOD / Chairman
Date: 28/02/2022

[Signature]
Signature and Seal of the Dean
Date: 28/2/2022
College of Nursing Sciences
DAYANANDA SAGAR UNIVERSITY
Kumara Swamy Layout, Bengaluru-560 078.



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Singh Jyoti

Name and Address of the College Dayananda Sagar college

of Nursing Sciences Mobile No.: 6363652993

Program BSC Nursing USN HSC18BN0053

Current Semester & Branch: IInd year

Month and Year of Examination: February 2020-21

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01		Pharmacology - pathology	16NS202, 16NS203	16	35	51

Total Re-evaluation / Photocopy fees paid of Rs: 1000 /-

Vide Callan No.: T2202240732369 Dated: 24/2/22
259084901

Name of the Bank which is payable at Bangalore: Indusland Bank

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Singh

Signature of the Student

Date: 24/2/22

[Signature]

Signature of the HOD / Chairman

Date: 24/02/22

[Signature]

Signature and Seal of the Dean

Date: 23/2/2022

College of Nursing Sciences
DAYANANDA SAGAR UNIVERSITY
Kumara Swamy Layout, Bengaluru-560 078.



DAYANANDA SAGAR UNIVERSITY


Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet


Name of the Candidate Nithin KP
Name and Address of the College Dayananda Sagar University
College of Nursing Science Mobile No.: 7902290171
Program BSc Nursing USN HSC19BN0034
Current Semester & Branch: 3rd year BSc Nursing
Month and Year of Examination: Jan-2022


Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	2 nd	Pharmacology Pathology & genetics	16NS202 16NS203	15	30	45

Total Re-evaluation / Photocopy fees paid of Rs: Rs1000/-
Vide Callan No.: UTR:-205663701710 Dated: 25/2/2022
Name of the Bank which is payable at Bangalore: Indusind Bank

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.


Signature of the Student
Date: 25/02/2022


Signature of the HOD / Chairman
Date: 25/2/2022


Signature and Seal of the Dean
Date: 25/2/2022
College of Nursing Sciences
DAYANANDA SAGAR UNIVERSITY
Kumara Swamy Layout, Bengaluru-560 078,



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Poo Deep Bisaden

Name and Address of the College Dayananda Sagar College

Ob Nursing Science Mobile No.: 6360843872

Program BSc Nursing USN HSC19BN10036

Current Semester & Branch: 2nd year

Month and Year of Examination: 28 January 2022

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
01.		COMMUNITY HEALTH NURSING	16NS205	15	32	47

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 2059248 96073 Dated: 28-02-2022

Name of the Bank which is payable at Bangalore: INDUSTRIAL BANK

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

P.P.L
Signature of the Student
Date: 28/2/22

[Signature]
Signature of the HOD/Chairman
Date: 28/2/22

[Signature]
Signature and Seal of the Dean
Date: 28/2/22
PRINCIPAL
College of Nursing Sciences
DAYANANDA SAGAR UNIVERSITY
Kumara Swamy Layout, Bangalore-560 078



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate: S SAI BALAJI IYER

Name and Address of the College: COLLEGE OF PHARMACEUTICAL SCIENCES,
DAYANANDA SAGAR UNIVERSITY, KUMARASWAMY LAYOUT, BENGALURU-560078

Mobile No.: 8095449409/8867674113

Program: Pharm.D

USN: HSC17PD0025

Current Semester & Branch: IV Pharm.D

Month and Year of Examination: AUGUST 2021

Sl. No.	Year	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	IVth year	BIOSTATISTICS AND RESEARCH METHODOLOGY	15PD404	15	34	49

Total Re-evaluation / Photocopy fees paid of Rs: 1,000/- (ONE THOUSAND ONLY)

Vide Challan No.: 060646

Dated: 20/09/2021

Name of the Bank which is payable at Bangalore:

Bank of Baroda

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

S Sai
Signature of the Student

Date: 20/9/21

V. Sai
Signature of the HOD / Chairman
Date:

V. Sai
Signature and Seal of the Dean
Date:
Principal
College of Pharmaceutical Sciences
Dayananda Sagar University
Kumaraswamy Layout,
Bangalore-560 078.



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate SREEJITA SARKAR

Name and Address of the College DAYANANDA SAGAR COLLEGE OF HEALTH & SCIENCES,

S.M Hills, Kumaraswamy layout, Bengaluru - 560078 Mobile No.: 7091574615

Program PHARM-D USN HSC18PD0024

Current Semester & Branch: 3rd Year, PHARMACY

Month and Year of Examination: August / September 2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1.	3rd Year	PHARMACEUTICAL JURISPRUDENCE	15PD304	26	26	52

Total Re-evaluation / Photocopy fees paid of Rs: 1000/-

Vide Callan No.: 29259 Dated: 17/09/2021

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Sarkar

Signature of the Student

Date: 17/09/21

KPS

Signature of the HOD / Chairman

Date: 17/09/21

V. V. V.

Signature and Seal of the Dean

Date: 17/09/21
College of Pharmaceutical Sciences
Dayananda Sagar University
Kumaraswamy Layout
Bengaluru - 560 076.



DAYANANDA SAGAR UNIVERSITY

Application for Re-evaluation / Photocopy of SEE Theory Examination Answer Booklet

Name of the Candidate Mees Mehdi Abbas

Name and Address of the College College of pharmaceutical science

Dayananda Sagar Mobile No.: 9964714627

Program PHARM-D USN HSC20pD0010

Current Semester & Branch: 1st year - pharm-D

Month and Year of Examination: September - 2020-2021

Sl. No.	Seme-ster	Course Title	Course Code	Marks Secured		
				CIA	SEE	Total
1	1 st year	Medicinal Bio chemistry	15PD103	20	26	46.
2	1 st year	Physo ph organic chemistry	15P104	19	24	43

Total Re-evaluation / Photocopy fees paid of Rs: _____

Vide Callan No.: _____ Dated: _____

Name of the Bank which is payable at Bangalore: _____

Note: Students shall submit the duly filled Application form with the receipt at Dean's Office only.

Mees Mehdi Abbas

Signature of the
• Student

Date: 21/9/2021

[Signature]

Signature of the
HOD / Chairman

Date: 21/9/2021

[Signature]

Signature and Seal of
the Dean

Date: _____
College of Pharmaceutical Sciences
Dayananda Sagar University
Kumaraswamy Layout,
Bangaluru, 560 078.