



AN ISO 9001:2008 CERTIFIED INSTITUTE

QUESTION REQUIREMENT STATEMENT

CENTRE NAME: _____

DATE: _____

| SL NO | STUDENT NAME | REGD NO | COURSE | PAPERS OF 1 ST SEMESTER | | | | | | PAPERS OF 2 ND SEMESTER | | | | OTHER (SHORT TERM) | | | |
|----------------------|--------------|---------|--------|------------------------------------|---------|----------|--------|-------------|---|------------------------------------|----|-----|-------|--------------------|----------|---------|---|
| | | | | FUNDA | MS WORD | MS EXCEL | MS PPT | ACCS/ FOXPR | C | C++ | VB | DTP | TALLY | MS OFF | PHOTOSHP | AUTOCAD | |
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| TOTAL NO OF QUESTION | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NB. - FILL THE QUESTION REQUIREMENT WITH 'Y/N' ONLY