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| **College Name** **Address and Email** |

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| Name  | : |  | Duration of Program  | **:**  |
| Name of Institution  | : |  | Date of Result Publications  | **:**  |
| Roll / Reg No  | : |  | Medium of instructions & examinations  | **:**  |
| Session | : |  | Status  | **:**  |
| Degree Name | : |  |

1St prof /1st Year

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| Subject Name  | Credit Hours | Full Marks  | Mark obtained  | Result  |
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2nd prof /2nd Year

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| Subject Name | Credit Hours | Full Marks  | Mark obtained  | Result  |
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3rd prof /3rd Year

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| Subject Name | Credit Hours | Full Marks  | Mark obtained  | Result  |
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4th prof /4th Year

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| Subject Name | Credit Hours | Full Marks  | Mark obtained  | Result  |
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| Signature of the principal  | Countersigned Controller of ExaminationsRajshahi Medical University  |