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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 Examinations  Rajshahi Medical University |