



B.Ed./ M.Ed. OFF-CAMPUS PROGRAMME
UNIVERSITY OF SINDH HYDERABAD

ASSIGNMENT FACE SHEET

Term: _____

Session: _____

| Q.No. | Marks obtained | Name of the Student _____ _____ R. No./T.G. No. _____ |
|-------|----------------|--|
| 1 | | Address:- _____ |
| 2 | | _____ |
| 3 | | Course:- _____ Assignment No. _____ |
| 4 | | Due Date:- _____ Students Sign: _____ |
| 5 | | Tutor's Name:- _____ |
| 6 | | Address:- _____ |
| 7 | | _____ |
| Total | | Study Centre:- _____ |

TUTOR'S REMARKS : _____

Date: _____

Signature:- _____



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