**ANNEXURE I**

**CENTRAL UNIVERSITY OF GUJARAT**

**KUNDHELA, VADODARA**

**EXAM TIME-TABLE FOR WINTER/EVEN SEMESTER 2025**

**Name of School: Name of the Department/Centre:**

 **Name of Programme: Semester:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SR. NO.** | **NAME OF STUDENT** | **ENROLLMENT NO.** | **WRITTEN EXAM REQUIRED: YES/NO** | **WRITTEN EXAM REQUIRED: YES/NO** | **WRITTEN EXAM REQUIRED: YES/NO** | **WRITTEN EXAM REQUIRED: YES/NO** | **WRITTEN EXAM REQUIRED: YES/NO** |
| **Date & Time:** | **Date & Time:** | **Date & Time:** | **Date & Time:** | **Date & Time:** |
|  |  |  |  |  |
| **Course Title and Course Code****Paper-1** | **Course Title and Course Code****Paper-2**  | **Course Title and Course Code****Paper-3**  | **Course Title and Course Code****Paper-4**  | **Course Title and Course Code****Paper-5** |
| 1 |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
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| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |
| **Name & Contact No. of Paper Setter:** |  |  |  |  |  |
| **Paper Assessment Duty:** Name & Contact No. of Faculty |  |  |  |  |  |

 \*Additional rows and/or column may be added as required

 **Note: Dates to be proposed for all courses except HLE and MDC.**

Signature of HOD Signature of Dean