

**K. J. SOMAIYA POLYTECHNIC, MUMBAI 400 077**  
**EXAMINATION SECTION**

**Report of Practical / Oral Examination**

Name of Department : \_\_\_\_\_ Date of Examination : \_\_\_\_\_

Sr. No	Course Title with Course Code	No. of students appeared	Name of External Examiner appointed	Name of External Examiner Present	Reasons if Change in Examiner	Supporting Staff		Name of Internal Examiner	Signature of Internal Examiner
						Lab. Asstt.	Hamal		

SIGNATURE OF THE HEAD OF DEPARTMENT