S.N.D.T Women's University, Mumbai
Result Sheet for Final Year Bachelor of Science (Nursing) for the year Mar/Apr 2021

4221

Fourth Year:

Grand Total: 2277/3600

MIDWIFERY AND OBSTETRICAL NURSING (PR)

Percentage: 63.25

29/05/2021 Name Seat No Centre College Per. Reg. No Medium IMTISUNGLA JAMIR 45001 112 133 2016-0161-00-084416 1 Sub Code Sub Name Int Ext Total grc First Year : 662/1025 Second Year : 475/0725 Third Year : 725/1250 ***** Fourth Year COLLEGE LEVEL MANAGEMENT OF NURSING SERVICE AND EDUCATION 16 /025 42 /075 058/100 *4112 4113 MEDICAL AND SURGICAL NURSING-II (A+C) 18 /025 17 /025 035/050 4122 37 /050 71 /100 108/150 MEDICAL AND SURGICAL NURSING-II (PR) (A+B+C) 4191 INTERNSHIP В --в UNIVERSITY LEVEL -----4211 MIDWIFERY AND OBSTETRICAL NURSING (TH) 29 /050 100/100 129/150

31 /050

Result: First Class

54 /100

415/600

085/150

Page: 1

| PM15 PROGRAM BSc (Nursing) | | 02/06/2021 |
|------------------------------------|---|------------|
| Enter the performance file-name : | | bsc4p15 |
| Enter the ledger file-name : | | led4.prt |
| Enter the result file-name | : | bsc4r15 |
| Enter the application file-name : | | bscap14 |
| Total first class with distinction | : | 0 |
| Total first class | : | 1 |
| Total second class | : | 0 |
| Total pass class | : | 0 |
| Total reserved | : | 0 |
| Total A.T.K.T. | : | 0 |
| Total fail | : | 0 |
| Total absent | : | 0 |
| Total | : | 1 |

S.N.D.T Women's University, Mumbai

RESULT SHEET FOR Final Year Bachelor of Science (Nursing) EXAMINATION Mar/Apr 2021

Result Date: 29/05/2021

| Total first class with distinct | ion : | 0 | |
|---|--------------------|------------|-------|
| Total first class | : | 1 | |
| Total second class | : | 0 | |
| Total pass class | : | 0 | |
| Total reserved | : | 0 | |
| Total A.T.K.T. | : | 0 | |
| Total failed | : | 0 | |
| Total absent | : | 0 | |
| Total | : | 1 | |
| A student must secure a minimum of 50% marks | for passing in eac | h subject. | |
| Verified and signed by | | | |
| Name and Signature of the Clerk :_ | | | Date: |
| Name and Signature of I/C of the Unit :_ | | | Date: |
| Name and Signature of the Asst. Registrar :_ | | | Date: |
| Name and Signature of the Deputy Registrar :_ | | | Date: |

Date:____

Name and Signature of the Director,

Board of Examinations and Evaluation