

**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)**



(DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSJ&E, GOVT OF INDIA)

**National Board of Examination in Rehabilitation (NBER)**

**INTERNAL THEORY EXAMINATION MARK ENTRY FORM - ----- 20----**

<b>Name of the Institute</b>	:		<b>Centre Code:</b>	
<b>Program</b>	:		<b>Year:</b>	I    II

<b>INTERNAL THEORY</b>		<b>Subject Code:</b>		<b>Subject Code:</b>		<b>Subject Code:</b>		<b>Subject Code:</b>		<b>Subject Code:</b>		<b>Subject Code:</b>		<b>Total marks obtained</b>
<b>S.No.</b>	<b>Enrolment No.</b>	<b>Min:</b>	<b>Max:</b>	<b>Min:</b>	<b>Max:</b>	<b>Min:</b>	<b>Max:</b>	<b>Min:</b>	<b>Max:</b>	<b>Min:</b>	<b>Max:</b>	<b>Min:</b>	<b>Max:</b>	
		<b>Marks obtained</b>		<b>Marks obtained</b>		<b>Marks obtained</b>		<b>Marks obtained</b>		<b>Marks obtained</b>		<b>Marks obtained</b>		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
<b>Name and Signature of the Internal Examiner:</b>				<b>Name and Signature of the Course Coordinator:</b>				<b>Institute Seal:</b>						
<b>Date:</b>				<b>Date:</b>				<b>Signature of the institute head:</b>						

**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)**



(DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSJ&E, GOVT OF INDIA)

**National Board of Examination in Rehabilitation (NBER)**

**EXTERNAL PRACTICAL EXAMINATION MARK ENTRY FORM - ----- 20-----**

<b>Name of the Institute</b>	:		<b>Centre Code:</b>			
<b>Program</b>	:			<b>Year:</b>	<b>I</b>	<b>II</b>

<b>EXTERNAL PRACTICAL</b>		<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Total marks obtained</b>
<b>S.No.</b>	<b>Enrolment No.</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	
		<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	
		<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

<b>Name of the External Examiner:</b>  <b>Mobile No.:</b>  <b>Email Id:</b>	<b>Signature of the External Examiner</b>  <b>Date:</b>
---	---

NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)



(DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSI&E, GOVT OF INDIA)

**National Board of Examination in Rehabilitation (NBER)**

**INTERNAL PRACTICAL EXAMINATION MARK ENTRY FORM - ----- 20----**

<b>Name of the Institute</b>	:		<b>Centre Code:</b>	
<b>Program</b>	:		<b>Year:</b>	I    II

<b>INTERNAL PRACTICAL</b>		<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Subject Code:</b>	<b>Total marks obtained</b>
<b>S.N o.</b>	<b>Enrolment No.</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	<b>Min:</b>	
		<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	<b>Max:</b>	
		<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	<b>Marks obtained</b>	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

<b>Name of the Internal Examiner:</b>  <b>Mobile No.:</b>  <b>Email Id:</b>	<b>Signature of the Head of the Institute</b>  <b>Date:</b>
---	---