## LETTER OF IDENTIFICATION

## (TO BE PRODUCED AT THE EXAMINATION HALL)

Designation	Roll No	is an employee of
	Departm	ent / Directorate. His / Her signature attested below.
	(Sig	nature of the issuing officer with designation seal and date)
ull name of the candidate in block letter :		
(Signature of the candidate)		CLIPBOARD, BAG & BAGGAGE, MOBILE PHONE, e-BOOK ETC. O ANY OTHER TYPE OF ELECTRONIC GADGET O COMMUNICATION IN THE CAMPUS OF THE EXAMINATION HAL
Attested		IS STRICTLY BANNED. INFRINGEMENT OF THIS INSTRUCTION WILL ATTRACT PENAL ACTION INCLUDING BAN FROM FUTUR EXAMINATIONS. OBSERVANCE OF COVID GUIDELINES, i.e. WEARING OF MASK, USING OF HAND SANITIZER etc. MANDATORY IN THE EXAMINATION HALLS.
Signature of the attesting officer with designation sea	al and date)	
Half Yearly Depttl./Depttl. A & Ac. S	S./ L.D./S.I./R.	L./E.B./Professional Examination, May/November,
Half Yearly Depttl./Depttl. A & Ac. S	S./ L.D./S.I./R. ETTER OF	L./E.B./Professional Examination, May/November,
Half Yearly Depttl./Depttl. A & Ac. S  L  (TO BE PR	S./ L.D./S.I./R. ETTER OF ODUCED AT	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)
Half Yearly Depttl./Depttl. A & Ac. S  L  (TO BE PR	S./ L.D./S.I./R. ETTER OF ODUCED AT	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)
Half Yearly Depttl./Depttl. A & Ac. S	S./ L.D./S.I./R. ETTER OF ODUCED ATRoll No	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)
Half Yearly Depttl./Depttl. A & Ac. S  L  (TO BE PR	S./ L.D./S.I./R. ETTER OF ODUCED ATRoll No	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)  is an employee of
L  (TO BE PR  This is to certify that Shri / Smt	S./ L.D./S.I./R. ETTER OF  ODUCED AT Roll No  Department	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)  is an employee of
Lalf Yearly Depttl./Depttl. A & Ac. S  (TO BE PR  This is to certify that Shri / Smt  Designation	ETTER OF  ODUCED AT  Roll No  Department	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)  is an employee of  ent / Directorate. His / Her signature attested below.
Lalf Yearly Depttl./Depttl. A & Ac. S  (TO BE PR  This is to certify that Shri / Smt  Designation	S./ L.D./S.I./R. ETTER OF ODUCED AT Roll No Department (Sign	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)  is an employee of  ent / Directorate. His / Her signature attested below.
Half Yearly Depttl./Depttl. A & Ac. S  L  (TO BE PR	S./ L.D./S.I./R. ETTER OF  ODUCED AT  Roll No  Department  (Sign	L./E.B./Professional Examination, May/November,  IDENTIFICATION  THE EXAMINATION HALL)  is an employee of  ent / Directorate. His / Her signature attested below.