Acknowledgement of checked answer script receives		CEL-01
Office of the Controller of Examinations Leading University, Sylhet	S1 No:	
Deading Oniversity, Gymet		
Name of Faculty:	Date:	

Sl. No	C. Code	Course Title	Name of exam.	Sem./ Year	No of Scripts
1	C. Co <b>uc</b>	Course Title	Traine of Chain.	SCHIII TCUI	1 to or sempts
1					
2					
2					
3					
3					
4					
7					
5					
3					
6					
O					
7					
,					
8					
9					
10					

**Section Officer**Office of the Controller of Examinations

**Signature of Faculty**