



BA _____ Semester-20 _____

TRIPURA UNIVERSITY
(A CENTRAL UNIVERSITY)
DIRECTORATE OF DISTANCE EDUCATION
SURYAMANINAGAR: 799022
Signature Sheet

Name of the Academic Counsellor: _____ Subject: _____ Paper: _____

Date	Semester & Paper	Duration of Counselling	Signature

Date	Semester & Paper	Duration of Counselling	Signature

Signature & Seal of the Co-ordinator