BHARATI VIDYAPEETH (DEEMED to be UNIVERSITY), pune

SCHOOL OF DISTANCE EDUCATION

INSTITUTE OF MANAGEMENT AND ENTREPRENEURSHIP DEVELOPMENT, PUNE

Assignment Submission for the Summer – 2021 Examination

Name of the Student: _____

Permanent Registration Number (PRN):_____

Name of Program: _____Semester:_____

Specialization (if applicable): _____Academic Year: _____

Name of Subject: _____

Subject Code:_____

Students Address:_____

_____

Email Id - _____

Mobile No –_____

Signature of Student:

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(For Office Use Only)

Marks Obtained by the Student: _____Out of: _____

Name of the Faculty: _____

Signature of the Faculty: _____

Date of the Assessment:_____

Dr. Sachin S Vernekar **Dr. Shyam Shukla**

Director
IMED Academic Center, SDE, Pune

Center Coordinator
IMED Academic Center, SDE, Pune