


# E-Governance for Finance & Accounts.

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Student Name Admission No. or Regn. No. Student/Parents/Guardian Contact No. Email Id.

Sri Venkateswara College of Nursing Under Graduate B.Sc Nursing Academic Year

- Branch - - Semester - - Section - - Gender -

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Roll No.	Roll No./Register No.	Name	Semester	Section	Gender	Course
<input type="checkbox"/>	16142039	T SOUNDARYA	BNG (NURSING) YEAR IV	Unallocated	F	BSN
<input type="checkbox"/>	16142040	V JENNIFER	BNG (NURSING) YEAR IV	Unallocated	F	BSN
<input type="checkbox"/>	17142001	K J ALEENA DEVASIA	BNG (NURSING) YEAR IV	Unallocated	F	BSN
<input type="checkbox"/>	17142002	AMALA JAMES	BNG (NURSING) YEAR IV	Unallocated	F	BSN
<input type="checkbox"/>	17142003	ANJALY SABU	BNG (NURSING) YEAR IV	Unallocated	F	BSN
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