SRI LANKA INSTITUTE OF INFORMATION TECHNOLOGY
Confidential
YEAR 2 SEMESTER 1
DETAILED MARK SHEET

Name of Examination: **General 2020**

Title of Question Paper: **Data Communications and Networks F012**

Course No:

The examiner is required to discuss the marks assigned to candidates with the Head of the Department and finalize them before submitting marks through this sheet to the Head of the Department to be forwarded to the Manager Examinations.
The Supervisor is required to mark the absentees in column 4 of this sheet in red as "AB" and insert the sheet to the answer script bundle

Hall No / Lab:**12th Floor - Hall I**   Date: **09/06/2020**

Seat No	Registration No.	Name	Marks Out of or Absence*	Remarks
1	IT19302904	S.Lukkmi		
2	IT19303062	Induwara M.G.C		
3	IT19303208	Vinithharan A		
4	IT19303376	N.C.T.Silva		
5	IT19303444	De Alwis A.S.M.K		
6	IT19303512	S.R.Victoria		
7	IT19303680	S.N.S.De Silva		
8	IT19303758	T.S.Lokukumara		
9	IT19303826	J.S.Fahid		
10	IT19303994	M.P.W.P.A.Lakshan		
11	IT19304052	P.S.Kanth		
12	IT19304120	P.R.Gallage		
13	IT19304366	D.P.K.Perera		
14	IT19304502	A.Mohanraj		
15	IT19304670	U.D.D.Yapa		
16	IT19304748	M.A.K.A.Somasiri		
17	IT19304984	G.N.A.Alwis		
18	IT19305042	S.M.Nathavitharana		
19	IT19305110	M.D.B.Adikaram		
20	IT19305288	N.Jiffry		
21	IT19305660	L.D.D.Perera		
22	IT19305806	A.K.A.Daniel		
23	IT19781310	D.T.Fernando		
24	IT19784144	S.R.Hettiarachchi		
25	IT19247250	I.D.Wimalasena		

* Pl. indicate absence of candidates by marking ABSENT in the column.

Note : Pl. enter the marks in ink. Alterations if any should be initialed by marking Examiner.

Name of Supervisor : …………………………………
Signature & Date   : ……………...…………………

Name of Examiner : ……………………..…………………..
Signature & Date   : ……………...……………………….

Name of Head of Department : …………………….....
Signature & Date   : ………………...………………..

Name of Lecturer Incharge : …………………………..….......
Signature & Date   : …………….…...……………………

Name of Invigilator: ....

Signature: ....

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Hall No / Lab:**12th Floor - Hall I**   Date: **09/06/2020**

Seat No	Registration No.	Name	Marks Out of or Absence*	Remarks
26	IT19302690	P.Hamsha		
27	IT19011776	Hasaranga D.P.M.		

* Pl. indicate absence of candidates by marking ABSENT in the column.

Note : Pl. enter the marks in ink. Alterations if any should be initialed by marking Examiner.

Name of Supervisor : ……………………………………   Name of Examiner : ………………………….…………………..
Signature & Date   : …………….…..……….…………   Signature & Date   : ……………...………………………….

Name of Head of Department : ……………………….....   Name of Lecturer Incharge : …………………………..…........
Signature & Date   : …………………..………………...   Signature & Date   : ……………..…………………………

Name of Invigilator: ....…   ....

Signature: ....