



Application Form for Registration to Professional Examination B.Tech ALL Semesters (Ex&imp)Examinations MAR-2019

to be held in: _____

1.College Code :

2.RollNumber :

3.NAME (As Per the qualifying examination certificate) (Please fill in the boxes with CAPITAL letters)

4.FATHER 'S NAME

5.MOTHER 'S NAME

COURSE: B.TECH

COMBINATION:

CSE

Please tick(√) the corresponding boxes:

6.Sex :

Male
Female

7.Social Status

SC ST BC-A BC-B
BC-C BC-D BC-E Others

8.Fee Paid Rs :

9.Mobile Number

+91

10.Permanent Address :

PIN:

E-mail:

Paste the photograph(Black &White) inside the box only.If required cut the photograph to fit in the box.
(PHOTO NOT TO BE ATTESTED)

12.Year of Appearing

I II III IV V

13.Semester

I II

14.Appearing as

Regular External Improvement

15. Subjects(Papers)Appearing:(Please write corresponding subject code in CAPITAL in the boxesgiven below.Please see leaflet for filling codes)

Theory	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>

Practical	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>

I herreby declare that all information furnished by the candidate is checked by me and found correct

I hereby declare that information furnished above to best of my knowledge in the event of any information being found incorrect or misleading.my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund any fee paid by me to the University.

Full Signature of the principal within the box

Full Signature of the Student within the box

Date:



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2.RollNumber :

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4.FATHER 'S NAME

5.MOTHER 'S NAME

COURSE: **B.TECH** COMBINATION: **E&I**

Please tick(√) the corresponding boxes:

6.Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	7.Social Status SC <input type="checkbox"/> ST <input type="checkbox"/> BC-A <input type="checkbox"/> BC-B <input type="checkbox"/> BC-C <input type="checkbox"/> BC-D <input type="checkbox"/> BC-E <input type="checkbox"/> Others <input type="checkbox"/>
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8.Fee Paid Rs :

9.Mobile Number
 +91

11.Date Of Birth

10.Permanent Address :
 PIN:
 E-mail:

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 I II III IV V

13.Semester
 I II

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Practical	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
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5.MOTHER 'S NAME

COURSE: B.TECH

COMBINATION:

ECE

Please tick(√) the corresponding boxes:

6.Sex :

Male
Female

7.Social Status

SC ST BC-A BC-B
BC-C BC-D BC-E Others

8.Fee Paid Rs :

9.Mobile Number

+91

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Practical	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
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5.MOTHER 'S NAME

COURSE: B.TECH

COMBINATION:

EEE

Please tick(√) the corresponding boxes:

6.Sex :

Male
Female

7.Social Status

SC ST BC-A BC-B
BC-C BC-D BC-E Others

8.Fee Paid Rs :

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Practical	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
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5.MOTHER 'S NAME

COURSE: B.TECH COMBINATION: IT

Please tick(√) the corresponding boxes:

6.Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	7.Social Status SC <input type="checkbox"/> ST <input type="checkbox"/> BC-A <input type="checkbox"/> BC-B <input type="checkbox"/> BC-C <input type="checkbox"/> BC-D <input type="checkbox"/> BC-E <input type="checkbox"/> Others <input type="checkbox"/>
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9.Mobile Number
+91

11.Date Of Birth

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5.MOTHER 'S NAME

COURSE: B.TECH

COMBINATION:

MECHANICAL

Please tick(✓) the corresponding boxes:

6.Sex :

Male
Female

7.Social Status

SC ST BC-A BC-B
BC-C BC-D BC-E Others

8.Fee Paid Rs :

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5.MOTHER 'S NAME

COURSE: B.TECH COMBINATION: MINING

Please tick(√) the corresponding boxes:

6.Sex :
 Male
 Female

7.Social Status
 SC ST BC-A BC-B
 BC-C BC-D BC-E Others

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COURSE: **B.TECH** COMBINATION: **PRODUCTION**

Please tick(√) the corresponding boxes:

6.Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	7.Social Status			
	SC <input type="checkbox"/>	ST <input type="checkbox"/>	BC-A <input type="checkbox"/>	BC-B <input type="checkbox"/>
	BC-C <input type="checkbox"/>	BC-D <input type="checkbox"/>	BC-E <input type="checkbox"/>	Others <input type="checkbox"/>

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Practical	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
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