



Application Form for Registration to Professional Examination B.Tech -III,III/I,IV/I-Semester (Reg&Ex&Imp) Examinations-OCT2016

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:

CIVIL

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

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

8.Fee Paid Rs :

10.Permanent Address :

9.Mobile Number

+91

PIN:

11.Date Of Birth

E-mail:

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 2 3 4 5 6
7 8 9 10 11 12

Practical

1 2 3 4 5 6
7 8 9 10 11 12

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

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COURSE: B.TECH COMBINATION: E&I

Please tick(√) the corresponding boxes:

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

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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4.FATHER 'S NAME

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5.MOTHER 'S NAME

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COURSE: B.TECH COMBINATION: MECHANICAL

Please tick(✓) the corresponding boxes:

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Male
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