





Application Form for Registration to Professional Examination B.TECH IV-IISemester (Regular, Ex & Improvement)-April- 2017.

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

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	<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 herreby 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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4.FATHER 'S NAME

5.MOTHER 'S NAME

COURSE: B.TECH COMBINATION: E&I

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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 +91

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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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4.FATHER 'S NAME

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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

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12.Year of Appearing

I  II  III  IV  V

13.Semester

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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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Full Signature of the Student within the box

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4.FATHER 'S NAME

5.MOTHER 'S NAME

COURSE: B.TECH COMBINATION: IT

Please tick(√) the corresponding boxes:

<b>6.Sex :</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>7.Social Status</b> 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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10.Permanent Address :  
  
  
PIN:   
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+91

11.Date Of Birth

12.Year of Appearing  
I  II  III  IV  V

13.Semester  
I  II

14.Appearing as  
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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"/>
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4.FATHER 'S NAME

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 :

9.Mobile Number

+91

10.Permanent Address :

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12.Year of Appearing

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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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5.MOTHER 'S NAME

COURSE: B.TECH COMBINATION: MINING

Please tick(✓) the corresponding boxes:

<p><b>6.Sex :</b></p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>	<p><b>7.Social Status</b></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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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: PRODUCTION

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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+91

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I  II  III  IV  V

13.Semester  
I  II

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Regular  External  Improvement

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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

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