

No. :

M. Tech. [ \_\_\_\_\_ ]  
Specialization



॥ अंतरी पेटवू ज्ञानज्योत ॥

## NORTH MAHARASHTRA UNIVERSITY, JALGAON

EXAMINATION FOR THE DEGREE IN MASTER OF TECHNOLOGY (June, 2005 Course)  
EXAMINATION FORM

To,  
**The Controller of Examinations,**  
North Maharashtra University, Jalgaon – 425 001.

**Respected Sir,**

I request permission to present myself for the Examination in Master of Technology in (Specialization) Sem.-I / Sem.-II / Sem.-III / Sem. - IV to be held in April / May / Oct. / Nov., 2005 and pay herewith the prescribed fee Rs.-----.

Date : / / 20

Signature of the Candidate

No. of  
Subjects

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Exam. Fee Rs.-----  
Convocation Fee Rs.-----  
Statement of  
Marks Fee:Rs.-----  
CAP Fee : Rs.-----  
Late Fee : Rs.-----  
Total Fee : Rs.-----

Branch Name : M. Tech. ( \_\_\_\_\_ ) ( June, 2005 Course )  
Specialization

Branch Code.

### PERSONAL DETAILS

1. Name in full [in CAPITAL LETTERS] \_\_\_\_\_  
Surname Name Father's/Husband's Name

2. Also in Devanagari Script \_\_\_\_\_

MARK STATEMENT AS APPEARED ON FINAL YEAR

3. Sex : 

Male	Female
1	2

 4. 

FRESH	REPEATER
1	2

 5. 

SC	ST	OBC	DT	NT	SBC	Not Applicable
C	T	O	D	N	S	
1	2	3	4	5	6	7

6. Name of the College ..... Collg. Code 

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7. Centre ..... Centre Code 

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8. Permanent Registration Number [PRN] if applicable 

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9. Qualifying Examination 

April / May, 200	Nov. / Dec., 200
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 Seat No. 

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Passed in details if applicable ( Pl. ✓ Tick )

10. Other Equivalent Examination Passed in 

April / May, 200	Nov. / Dec., 200
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11. No. of Subjects appearing\*\* 

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12. Month & Year of Joining the M. Tech. 

Month	Year

13. Previous latest appearance at 

April / May, 200	Nov. Dec., 200
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 M.Tech. details if applicable ( Pl. ✓ Tick ) Seat No. 

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14. Latest appearance at M.Tech. 

April / May, 200	Nov. / Dec., 200
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 details if applicable ( Pl. ✓ Tick ) Seat No. 

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15. Address for Correspondence .....

\* The Students who has participated in any of the extra-curricular activity should fill in the prescribed form for this purpose.  
\*\* Paper / Practical / Term Work / Oral each is considered as separate course.

( P.T.O.)

(Certificate to be signed by the Principal of the College of Engineering at which the Candidate has studied.)

I Certify that Shri/Smt. ....

- 1) has attended adequate number of days required as per rules.
- 2) has completed to my satisfaction the prescribed Practical Work including Laboratory Work, Term Work etc. in the subjects concerned.
- 3) is, to the best of my knowledge and belief, a person of good conduct and has my permission to appear at the ensuing M.Tech. Examination in Engineering.

I also certify that his/her statement as to his/her having passed in the Papers and or/Practicals, Term Work, Oral, etc. name above at the previous Examinations, is correct.

Place : ..... Signature : .....

Date : ..... Principal : ..... College .....

M. Tech. ( \_\_\_\_\_ )  
**Specialization**

**Branch Code :**

Subject Code	Subject	Code	Internal 1	External 2
<b><u>SEMESTER : I</u></b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b><u>SEMESTER : II</u></b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b><u>SEMESTER : III</u></b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b><u>SEMESTER : IV</u></b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

( Principal / Director )