

SEMESTER –I

[Please Tick mark in the appropriate column under CA & UA]

| Sr. No. | Comp. Code | Sub. Code | Name of Subject | Name of Paper | CA | UA |
|---------|------------|-----------|-----------------|---------------|--------------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SEMESTER -II

| Sr. No. | Comp. Code | Sub. Code | Name of Subject | Name of Paper | CA | UA |
|---------|------------|-----------|-----------------|---------------|--------------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SEMESTER -III

| Sr. No. | Comp. Code | Sub. Code | Name of Subject | Name of Paper | CA | UA |
|---------|------------|-----------|-----------------|---------------|--------------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SEMESTER -IV

| Sr. No. | Comp. Code | Sub. Code | Name of Subject | Name of Paper | CA | UA |
|---------|------------|-----------|-----------------|---------------|--------------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SEMESTER –V

| Sr. No. | Comp. Code | Sub. Code | Name of Subject | Name of Paper | CA | UA |
|---------|------------|-----------|-----------------|---------------|--------------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SEMESTER –VI

| Sr. No. | Comp. Code | Sub. Code | Name of Subject | Name of Paper | CA | UA |
|---------|------------|-----------|-----------------|---------------|--------------------------|--------------------------|
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Head of the Department

Signature of Student



North Maharashtra University, Jalgaon

Form Rs. 10/-

Application form for Exam. To be held in _____

| | |
|---|--|
| Name of the College: _____ | College Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Course Name : _____ | Centre Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Name of Student: _____ | Sem/Year : _____ |
| Prev. Exam. Seat No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | M/N : _____ (Mother Name) |
| Month : _____ | Year : _____ |
| P.R.N.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Fresh : <input type="checkbox"/> Repeater : <input type="checkbox"/> |
| Category: OPEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> VJ/NT <input type="checkbox"/> OBC <input type="checkbox"/> SBC <input type="checkbox"/> | Gender : Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address for Correspondence : _____ | |
| Mobile No. _____ | Email Id. _____ |

Form No. :

To,
The Controller of Examinations,
North Maharashtra University,
Jalgaon.

Sir,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any

Exam. Fee Details :

| | | | |
|-------------------|-------------|-------------|-------------|
| Exam. Form Fee. – | ,M.S. Fee.- | CAP Fee - | Other Fees- |
| Exam. Fee - | ,Late Fee- | Total Fee – | |

| | | |
|--------|-------|---------------------|
| Place: | Date: | Student's Signature |
|--------|-------|---------------------|

| | | |
|-------------------|--------|-------------------------|
| Amount Received : | Date : | College Staff Signature |
|-------------------|--------|-------------------------|

Declaration by Principal: This form is carefully scrutinized by the College/Institute staff and by me. The information written in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular/ repeater student of this college and has completed the required attendance and practical course/term work(if any) according to university rules.

Place :

Date :

Seal and Signature of Principal/Director

P.T.O.