

REGULAR / SUPPLEMENTARY

Form No:-  
Institute Copy



**Dr. BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY**  
**LONERE-RAIGAD 402 103**  
**(EXAMINATION FORM FOR AFFILIATED INSTITUTE STUDENTS ONLY)**

Full Name of the student : \_\_\_\_\_

Exam Centre Code & Name: \_\_\_\_\_

Affix a  
stamp size  
photo

Class :First/ Second/Third/Fourth/Final Year      B.TECH./M.TECH.  
(Strike out which is not applicable)

Branch : \_\_\_\_\_ Semester : \_\_\_\_\_ PRN : \_\_\_\_\_

Examination fees paid Receipt No./UTR No.: \_\_\_\_\_ Date : \_\_\_\_\_

**Instructions :**

- Applicant should fill in the particular in his/her own handwriting.
- Incomplete application form is liable for rejection.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the student \_\_\_\_\_

Note Take a back to back printout of two pages

REGULAR / SUPPLEMENTARY

Form No:-  
Student's Copy



**Dr. BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY**  
**LONERE-RAIGAD 402 103**  
**(EXAMINATION HALL-TICKET FOR AFFILIATED INSTITUTE STUDENTS ONLY)**

Full Name of the student : \_\_\_\_\_

Exam Centre Code & Name: \_\_\_\_\_

Affix a  
stamp size  
photo

Class :First/ Second/Third/Fourth/Final Year      B.TECH./M.TECH.  
(Strike out which is not applicable)

Branch : \_\_\_\_\_ Semester : \_\_\_\_\_ PRN : \_\_\_\_\_

Examination fees paid Receipt No./UTR No.: \_\_\_\_\_ Date : \_\_\_\_\_

**Instructions:**

- Applicant should fill in the particular in his/her own handwriting.
- Incomplete application form is liable for rejection.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the student \_\_\_\_\_

Note Take a back to back printout of two pages

I would like to register for the following theory courses for Examination to be held in \_\_\_\_\_

Sr. No.	Exam Date	Subject Code	Full Subject Name in which to appear	Verify & Sign. by Exam Coordinator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby certify that the application has been filled in by me and statements made there in are correct and complete.

Date : \_\_\_\_\_

Signature of the student : \_\_\_\_\_

Institute Seal Date : \_\_\_\_\_

Principal / Director  
(Name & Sign.)

Officer on Special Duty  
(Name & Sign.)

I would like to register for the following theory courses for Examination to be held in \_\_\_\_\_

Sr. No.	Exam Date	Subject Code	Full Subject Name in which to appear	Signature of the Supervisor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby certify that the application has been filled in by me and statements made there in are correct and complete.

Date : \_\_\_\_\_

Signature of the student : \_\_\_\_\_

Institute Seal Date : \_\_\_\_\_

Exam Coordinator  
(Name & Sign.)

Principal / Director  
(Name & Sign.)

Officer on Special Duty  
(Name & Sign.)