VII

UNIVERSITY OF MUMBAI

For University office use

Application for Admission to the B. E. Degree Sem - VII Examination												
IMPORTANT INSTRUCTION: This form will be scanned. Therefore, enter all particulars neatly in CAPITAL letters with DARK BLACK PEN.												
To be entered by the College Office (Don't use RUBBER STAMP for College code number) Admission Type Exam. Session Year College Code No. Application No. 1 = Provisional 1 = First Half												
0 = Non-Provisional 2 = Second Half									Rhotomath			
Branch Name Photograph												
To be entered by candidate									DO NOT PIN/STAPLE			
1. NAME Surname									PASTE INSIDE THE BOX ONLY			
First / Own Name									NOT TO BE ATTESTED			
		er's First Name										
2. The above name in DEVANAGARI SCRIPT (in Marathi)												
Surname First Name Father's/Husband's Name 3. COMPLETE POSTAL ADDRESS 4 Sex									Mother's Name 5. EBC / Non-EBC.			
3. COMPLETE POSTAL ADDRESS 4. Sex 1 = Male									1 = EBC			
2 = Female								2 = Non-EBC 7. Student Type				
6. Category 0 = Open 4 = NT1								NT1		Student Ex-Studen	t []	
PIN Tel.No./Mob.(If any) 1 = SC 5 = NT2 2 2 = ST 6 = NT3 3 = DT 7 = OBC/												
9. Subject Offered (Enter marks ONLY if claiming exemption) 8. CENTRE OF EXAMINATION												
Paper Sub	ject Code		Г	Marks (Obtained		Centr	e Number	, ,	Centre Name	·	
	elect from he List)	Subject Name	Theory	Term Work	Oral	Practical	Candidate	will not be al	ot be allowed to change centre of			
				WOIR					f lower ex			
1	,						Semes- ter	Month of Pas		Seat No.	No. of Heads In which the student has failed	
2							ı				nas ianeo	
		2.8		19	19		II					
3							III			٠		
		× 2					. IV	•				
4							V					
							VII	1.				
5								am appearing for Class Yes No mprovement 0.5287				
		Elective I (Select any one from the List)					Semes- ter	Seat No.	Month	& Year	Class Obtained	
6							VII	•				
							VIII			1		
7		Project A (if applicable)							y Repeate	rs (Sem VI	1)	
		Field Tecles of the decades Tecles		Examinati Last Seat Nun								
8		Field Training / Industrial Training (if applicable)										
То	Contail	of Eventeetless		1,1		ate from th						
The Controller of Examinations, I certify that student has kept terms for the examin University of Mumbai satisfactorily and he / she is eligible to appear at the examin									tion as pe nination. F	r 'Universi urther I Ce	rtify that	
	nbai - 400	098.	his/he	his / her year of registration at F.E. (Sem I) examination is I also								
		sion to present myself for the ensuing	Certify that the Information furnished by the candidate in the examination form is true & correct.									
examination. I have remitted the prescribed fee for the same accordingly and the information furnished above is correct.				Place						Principal's Signature		
Place												
			Date :	Date :						College Seal		
										College Seal		
Signature of the Candidate									1			