FORM NO.P-16

Maharashtra Institute of Technology, Aurangabad Application Form for Regular Semester Examination / Makeup Examination

For Office	use			Class:			
Receipt No. :			Photo		Unique I	D:	
				hoto	Branch: Regular / Ex student / Backlog		
1. Person a a. Name	l Details:		:				
b. Address for Correspondence			:				
c. Email ID				:			
d. Phone / Mobile No.				:			
e. Sex			: Male / Female				
f. Date of Birth			:(DD/MM/YY)				
2. Details of Previous Examination: Name of Examination Seat Number			Month and Year		d Year	Result	
3. Courses in which candidate is to be exa Sr.No. Course Code				Course Title			
have also en of my claim I am aware t to be incorr	closed the red s. The inform that the instituted.	uired documents (ation given by me te may cancel my	am elig Photogr is corre admissi	raph, and copect and complete on to the exa	y of last ex- lete to the laminations,	nentioned in Sr. No. (3) above. I amination grade card) in support pest of my knowledge and belief. if the given information is found	
Place : Instructions:					•••••	Signature of Candidate	

1) All Entries must be in Block Capital letters 2) Enter course code and Course Title in the same sequence as mentioned in the syllabus. 3) Submit separate examination form for each class. 4) Institute has the right to cancel the admission of the candidate at any stage if it is found that his / her admission to the examination and / or to the institute is not as per rules. 5) Any false information given by the candidate, knowingly or unknowingly is liable for disciplinary action.