



Symbiosis University of Applied Sciences (SUAS)

UNDERGRADUATE EXAMINATION FORM-B.Tech (MT)-05 [For 2017-18 Academic Batch Only]	FORM No.								
<i>To be filled by the University</i>									
Examination Center									
<i>To be filled by Candidate</i>									
Enrollment Number									

To be filled by Candidate

1. School Code	
0	1

To,
The Controller of Examinations
Symbiosis University of Applied Sciences,
INDORE.

2.	Signature of the candidate in running hand, within the box only
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3.	Paste (Do not staple) recent Photograph (Size 35mm x 45 mm) duly attested by the Dean/Head of the School
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Sir,
I request permission to present myself at the ensuing **B.Tech-[MT], Fifth Semester/Third Year (ATKT)** examination to be held in the month **_MAY_** and year **2020**. I furnish my details as stated below:

4. Candidate's name in Capital Letters (Strictly as per Class X Marksheet/Certificate):

First Name																				
Middle Name																				
Surname																				

5. Date of Birth

Date	Month	Year

6. Gender

Male	Female
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7. Mother's Name in Capital Letter: (Leave a gap between first Name, Middle Name and Surname)

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8. Father's / Husband Name in Capital Letters: (Leave a gap between first name, Middle Name and Surname)

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9. Candidate's mailing address in Capital Letters Only:

House no.					Building/Locality															
Street																				
Town										District										
State																Pin Code				

10. College Name:

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11. Contact No :

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12. Whatsapp No :

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13. Email Address:

14. I will be appearing for the following Papers:-

S.No.	Name of Paper	Paper Code	Theory	Practical	Name of CC	Signature of CC
1	Industrial Robotics	BTMT05CCA1				
2	Communication Systems	BTMT05CCA2				
3	Reliability Engineering	BTMT05CCA3				
4	Power Electronics and Drives	BTMT05CCA4				
5	Internet of Things	BTMT05CCA5				
6	Process Automation	BTMT05DEA1				
7	Automotive Electronics	BTMT05DEA2				
8	Computer Integrated Manufacturing	BTMT05DEA3				
9	IDSC-5(life coping skill)	BTMT05GEA1	X			
10	Internship	BTMT05IPA1	X			

15. DECLARATION BY THE CANDIDATE

- 1) I certify that this examination form has been filled by me and the information given therein is correct and I shall be personally responsible for the same if proved false later on.
- 2) I am aware that, I have to fulfill criteria of attendance as prescribed by the University, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 3) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Head of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 4) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 5) I am not defying the criteria of the admission order.
- 6) I am not admitted to the course after the cut-off date declared by the University for Grant of terms.
- 7) I further declare that I am neither a regular student of any other University nor appearing in any other examination as a regular student.

Place:

Date:

Signature and Name of Candidate in running hand

16. FOR THE USE OF ACCOUNT SECTION

Attachments			Verification		
Fee Receipt No.	YES	NO	Dues	YES	NO
Signature of Verifying Person			Signature of CFAO		

17. FOR THE USE OF SCHOOL OFFICE

Fulfil Attendance Criteria	YES	NO
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18. CERTIFICATE BY THE HEAD OF SCHOOL

I certify:

1. That Shri/Smt./Kum. is a bonafide student of this school, admitted to the B.Tech program in the Academic Session 20__ - __. He/she is not admitted to the course after the cut-off date for grant of terms.
2. That his/her attendance is not less than as prescribed by **Evaluation Regulations** up to submission of this application.
3. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.**

Place:

Date:

Signature & Seal of the HOS