

# SAMRAT ASHOK TECHNOLOGICAL INSTITUTE (Engg. College), VIDISHA

(An Autonomous Engineering College Established in 1960)



## EXAMINATION APPLICATION FORM

For the Courses Affiliated to Barkatullah University Bhopal

<b>REGULAR</b>	<b>EX</b>	<b>College Code</b>	<b>224</b>	Affix passport size photo duly attested by Director
<b>Instructions</b> 1. This Examination form should be filled in by the candidate in his/her own handwriting. 2. Use Capital Letters in Boxes. 3. If application is not on prescribed form or incomplete, it will be rejected. 4. Separate examination form should be filled up for each Semester/Exam.				
Session: From <b>MM</b> <b>YYYY</b> <b>MM</b> <b>YYYY</b> To ...../...../.....				

Sch No	Class	Branch:	Semester
Enrollment No	Roll No		
Receipt No.:	Amount	Date	Branch Code

Name of Degree: \_\_\_\_\_

Surname	Middle Name
First Name	

In Hindi: .....

Father's Name	Mother's Name
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Present Address of student

City	State	Pin
E-mail	Telephone (With STD)	

Mention Subject code and name in which appearing

Appearing in ..... (All Theory/Practical/Sessional)						
Theory			Practical/Sessional - Only for PG			
SN	Subject Code	Title of The Subject	SN	Subject Code	Practical Title	Sessional Title
1			1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			

**Strike out whichever is not applicable.**

Whether appearing in any other exam. If yes mention subjects and semesters in following table

Theory			Practical/Sessional - Only for PG			
Sem	Subject Code	Title of The Subject	Sem	Subject Code	Practical Title	Sessional Title

Amount of fee deposited.....

**CANDIDATE’S DECLARATION:**

1. I certify that this application 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 also certify that I am appearing as regular candidate only in the examination being conducted by Samrat Ashok Technological Institute (An Autonomous Engg. College), Vidisha, M.P..
3. I further declare that I am neither a regular student of any other educational institution nor appearing in any other examination as regular candidate.
4. I understand that if it is found later on that the information furnished above is false then my result of examination will be cancelled.
5. I assure you that I will complete the requirement of attendance and sessional work prescribed for the course of my registration. Kindly permit me to appear in the examination to be held in (Month) ..... I accept to abide by all the rules and regulations of study and examination as prescribed by the institute Samrat Ashok Technological Institute (An Autonomous Engg. College), Vidisha, M.P.
6. I have read the relevant ordinance applicable to be and have completed all the requirements as given in it. I have completed my studies and have no objection in appearing in examination on the date declared by the College.

Date: ..... Full Name : .....

Candidate’s Signature

Signature of verifying officer  
With Date

Registrar

Signature of Head of Institution  
With Date and Seal

# SAMRAT ASHOK TECHNOLOGICAL INSTITUTE(Engg. College), VIDISHA

(An Autonomous Institute Affiliated Courses to Barkatullah University Bhopal )



## Examination Admit Card (EAC)

**To be Filled by the Candidate**

<b>REGULAR</b>		<b>EX</b>		<b>College Code</b>	<b>224</b>	Affix passport size photo duly attested by Director
Enrollment No. <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"/>						
Roll No. <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"/>						
Please admit Mr/Ms. .... S/D/O (Father's Name) Shri ..... & (Mother's Name) Smt. .... to the Semester ..... Branch ..... examination (course) ..... to be held in month of .....20..... in the following subject(s).						

Theory/ Practical/Sessional			Tick ( )			Signature of the Candidate  Signature/Seal of Controller (Exam)
SN	Subject Code	Title of The Subject	Theory	Practical	Sessional	
1						
2						
3						
4						
5						
6						
7						
8						

Note: This EAC entitles the student to appear only in the above mentioned examination and subjects.

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## No Dues Certificate

Purpose: **For Exam Form Only** Enroll No. .... Class ..... Branch .....

Sch No. .... Name .....

S.N.	Department	Dues	Signature	Remark
1	Hostel Warden/Co-Store			
2	Tutor Guardian			
3	Account Section			
4	Library			

Tutor Guardian

T.G./H.O.D. Signature

Signature of Student