



NED UNIVERSITY OF ENGINEERING AND TECHNOLOGY

FORM for SECOND EXAMINATION _____

SPRING

FALL

(Please check only one box)

Discipline: _____ Batch: _____ Year: 1st 2nd 3rd 4th 5th

The Controller of Examinations,

Permission is requested for taking the above Examination. I bind myself by all Rules and Regulations of the University in this connection.

1. Name: _____
2. Father's Name: _____
3. Class Roll No. _____ 4. Enrolment No. _____
5. Present Residential Address: _____

6. Telephone No. _____ 7. Mobile No. _____
8. Intend appearing in following course(s):

Sr. No.	Code	Theory	Sr. No.	Code	Practical
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		

Signature of Candidate

BANK STAMP

Forwarded by:

Signature of Chairperson

Note:

1. After Payment of Examination Fee Rs _____ in any bank authorized by the University, this form should be submitted in the office of the concerned Department latest by _____.
2. Receipt of the form is to be indicated by fixing the stamp of the Department on the bank payment voucher.
3. Schedule of all Examinations shall also be displayed on the University Portal / Website.