



FACULTY OF ARCHITECTURE
Dr. APJ ABDUL KALAM TECHNICAL UNIVERSITY UP, TAGORE MARG, LUCKNOW

EXAMINATION FORM (College Code 051)

Important: Candidate should fill the entries **Correct & carefully.**

New Students need not to fill Roll No and Enrollment No. at Sl. No. 1 & 15.

(FILL THE FORM IN BLOCK LETTERS, USE BLACK PEN)

1. Roll No:

2. Name of Course: B.ARCH M.ARCH 3. Branch Code: _____

4. Session: _____ 5. Semester: _____

6. Status of Student: Regular Readmitted EX.Student Carry Over

(Tick Mark in the Box)

7. Name of Candidate (As per High School Records)

8. Father's Name (As per High School Records)

9. Date of Birth(Day/Month/Year):

10. Gender: M F 11. Category: Gen OBC SC ST

(Tick Mark in the Box)

12. Mode of Admission: UPSEE /KM / NRI/ON SPOT/OTHERS (Put Tick Mark)

13. Year of First Admission: _____ 14. Last Qualifying Exam (Semester/Year): ____/____

15. Enrollment No.:

16. Examination Fee Details (Amount Deposited in Rupees) Regular/Carry Over: Amount _____

Receipt No. _____

17. Local Address

(Write in capital Letters with ball pen not with ink pen)

Name: _____

Address: _____

Pin Code: _____

email: _____

Mobile/Telephone No.

18. Permanent Address

(Write in capital Letters with ball pen not with ink pen)

Name: _____

Address: _____

Pin Code: _____

email: _____

Mobile/Telephone No

19. Father/Guardian's email id. _____

Mobile/Telephone No. with STD Code:

Put it on website
[Signature]
08/10/18

P.T.O

20. Subject Codes and Subject Name in which student wishes to appear in this Examination:

Sl. No.	Theory		Practical/Viva		Carry over Papers	
	Subject Code	Name of Subject	Subject Code	Name of Subject	Subject Code	Name of Subject
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Declaration by Candidate: I hereby declare that the information given above has been filled by me and are correct to the best of my knowledge and belief. I am aware that my result shall be declared as per the provisions of the Ordinance of **Dr. APJ Abdul Kalam Technical University** as applicable on me.

Date:

Signature of Student

Certificate by Dean / Principal: It is to certify that the information furnished above is correct as per the records available in the College / Institute.

Date:

Signature of Dean / Principal
(Seal)

Signature/Seal of **C.O.E**