S. B. JAIN INSTITUTE OF TECHNOLOGY, MANAGEMENT & RESEARCH

(An Autonomous Institute, Affiliated to RTMNU, Nagpur)

Approved by AICTE, Accredited By NAAC A Grade,
Near Jain International School, Katol Road, Nagpur-441501
Phone No. 0712-2667777 Fax. 0172-2667666
Website: www.sbjit.edu.in Email: info@sbjit.edu.in

<u>Examination Registration Form</u>

EXAMINATION : END SEMESTER Backlog Examination Summer -21

PROGRAMME : **B.E. First-Semester – Group-I**

BRANCH :

NAME	(First Name) (Middle Name) (Last Name)	GENDER	
MOTHER'S NAME		**DATE OF BIRTH**	
PARENT PHONE NO		**STUDENT PHONE NO**	
STUDENT MAIL_ID		**UNIVERSITY ENROLLMENT NO**	
REGISTRATION NO		**SECTION**	
SEMESTER			

CORRESONDANCE ADDRESS:

COURSES IN WHICH STUDENT WANT TO APPEAR – For Backlog Examination:

Select	S.No	Course Code	Course Title	Credit
	1	BSC101T	Engineering Mathematics-I	4
	2	BSC102T	Engineering Physics	4
	3	BSC102P	Engineering Physics Lab	1
	4	ESC101T	Electrical Engineering	4
	5	ESC101P	Electrical Engineering Lab	1
	6	ESC102P	Workshop Practices	2
	7	ESC103T	Engineering Mechanics	4
	8	MC101	Environment Studies	0
	9	MC102	Indian Constitution	0

Select (✓) For which student want to registered for Backlog Examination.

UNDERTAKING

I, the undersigned is a student of S. B. Jain Institute of Technology, Management & Research, Nagpur hereby agree to abide by rules of the institute. I am fully aware that I must attend the classes with minimum 75% attendance in each course, only then I shall become eligible to appear for the ESE / Resit of respective course.

Date: **Signature of Student**

CERTIFICATE FROM THE HEAD OF DEPARTMENT

Certified that the above entries made by the student are verified and found correct which qualifies him/her for the said Examination.

Signature of Verifier   **Signature of the Head of Department**
                                                                                        (With Seal)

FOR OFFICE USE ONLY

Exam. Fee Rs. ....
Late fee if any Rs. ....
Total Rs. ....

Accepted / Rejected

Checked & approved by