

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

Examination Registration Form

EXAMINATION: END SEMESTER Backlog Examination Summer-21

 $\begin{array}{ccc} \textbf{PROGRAMME} & : \text{M.Tech} - \text{First-Semester} \end{array}$

BRANCH : Electronics Engineering



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	PCCEN101T	Advanced Digital Signal Processing	3
	2	PCCEN102T	Advanced Digital Communication	3
	3	PCCEN103T	CMOS-VLSI	4
	4	PECEN102T	Digital Image Processing – (Elective)	4
	5	PECEN105T	Pattern Recognition – (Elective)	4
	6	PCCEN101P	Advanced Digital Signal Processing (Laboratory-I)	1
	7	PCCEN102P	Advanced Digital Communication (Laboratory-II)	1

Select (J) 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
	student are verified and found correct which qualifies
Signature of Verifier	Signature of the Head of Department (With Seal)
FOR O	OFFICE USE ONLY
Exam. Fee Rs	
Cotal Rs	
Accepted / Rejected	