



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

ReSit Examination Registration Form



EXAMINATION: END SEMESTER ReSit Examination EVEN Sem-II-S-21

PROGRAMME : B.Tech. Second-Semester – Group-I

BRANCH :

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

CORRESPONDENCE ADDRESS:

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

Select	S.No	Course Code	Course Title	Credit
	1	BSC104T	Engineering Mathematics-II	4
	2	BSC103T	Engineering Chemistry	4
	3	BSC103P	Engineering Chemistry Lab	1
	4	ESC104T	Engineering Graphics and Design	1
	5	ESC104P	Engineering Graphics and Design Lab	2
	6	HSMC101T	Communicative English	2
	7	HSMC101P	Communicative English Lab	1
	8	ESC105T	Programming for Problem Solving	3
	9	ESC105P	Programming for Problem Solving Lab	2

Select (✓) For which student want to registered for ReSit 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
