

UNIVERSITY OF MUMBAI
RAJENDRA MANE COLLEGE OF ENGINEERING AND TECHNOLOGY
At & Post Ambav (Devrukh) Tal – Sangameshwar, Dist- Ratnagiri Maharashtra 415804

EXAMINATION FORM

Form Fees:- 10/-

EXAMINATION:- MAY- 2020

EXAMINATION:- S.E. / T.E. BRANCH:- _____ SEMESTER:- ____ (CBGS/Choice Based)

NAME:- _____
[Surname] [First] [Father's / Husband's Name] [Mother's Name]

ADDRESS: _____

Phone No. _____ * Mobile No. _____

GENDER:- _____ CAST:- _____ STUDENT TYPE:- REGULAR / REPEATER

SUBJECTS OFFERED (Put \sqrt wherever applicable)

* LOWER EXAM DETAILS

Sr. No.	Subject Name	Theory		T/W	Oral	Pract.
		ESE	INT			
1						
2						
3						
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5						
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9						
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Sem.	Result	No. of heads of Failure	
		Thy	In/Or/Pr
I			
II			
III			
IV			
V			
VI			

I hereby declared that the information furnished above is true and correct. If it is found incorrect I am liable for disciplinary action/cancellation of admission to the Examination.

Date:- / /20

Signature of the Candidate

This is to certify that the student has kept the term for the examination satisfactorily and he/she is eligible to appear at the Examination

Date:- / /20

seal

PRINCIPAL