

Branch

SIES Graduate School of Technology (Autonomous)

(Affiliated to University of Mumbai)

Plot-1-C/D/E, Sector V, Nerul, Navi Mumbai- 400706

Manual Exam form

(USE SEPARATE FORM FOR EACH SEMESTER)

Name of the Student : _____

semeste	·				
Roll No.	/PRN No. :				
Mobile N	[o. :				
Write t	he K.T subjects (Full Name of the subject) a	nd put the tick i	mark (√) in the respectiv	_' e
column	s below.				
S.NO	NAME OF THE SUBJECT	THEORY/ ESE	IA	ORAL / PRACTICAL / ESEP/ CIAP	

Note: 1. Fill the form carefully.

- 2. Students who have failed only in IA/OR/PR/ ESEP/ CIAP must also fill the exam form.
- 3. Students must submit the filled exam form along with the paid KT exam fees receipt to exam cell.

SIGNATURE OF THE STUDENT