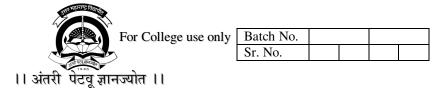
B. Architecture [T.Y.B.Arch.] (New)



## NORTH MAHARASHTRA UNIVERSITY, JALGAON

## THIRD YEAR EXAMINATION IN ARCHITECTURE [Revised from June, 2004] EXAMINATION FORM

To, The Controller of Examinations, North Maharashtra University, Jalgaon – 425 001.									No. of Courses / Subjects			
Respected Sir,		Exam. Fee Rs										
I request permission to present myself for the Third Year (Term – I & II) Examination in Architecture to be held in April / May / Nov. / Oct., 200 and pay herewith the prescribed fees. I am aware that the acceptance of this form and examination fees does not mean permission to appear for the examination and that my name is likely to be relegated if, I fail to complete the sessional work to the satisfaction of the Principal or fail to put in the necessary attendance at the College as prescribed by the North Maharashtra University, Jalgaon. I am submitting herewith the relevant details pertaining to the examination.									Statement of Marks Fee:Rs  CAP Fee: Rs  Late Fee: Rs  Total Fee: Rs			
Date: / /200	e											
PERS	SONAL DET	AIL	S`									
1. NSS NCC NPED AED TOURNAMENT		2.	SC	ST	OBC	DT	NT	SBC	Not Applicable			
	IN Applicable 7 8	+	<u>C</u>	T 2	0	D 4	N 5	S 6	7			
3. Male Female 4. FRESH	REPEATER	- , ]	1	2	3	-			1			
1 2 1	2											
5. Name in full [in CAPITAL LETTERS]												
6. Also in Devanagari Script SOUTH INDIANS SHOUL								's/Hus	sband's Name			
7. Name of the College					_							
8. Permanent Registration Number [PRN] if ap	oplicable [				!	'		•				
9. F.Y.B. Arch. Passed in April / May, 200	Nov. / Dec.,	200			Seat	No.						
10.S.Y.B. Arch. Passed in April/May, 200 Nov. / Dec., 200 Seat No.												
11. T.Y.B.Arch. Latest appearance in April / M	Tay, 200	Nov.	/ Dec	c., 200	) 5	Seat 1	No.					
12. No. of subjects appearance												
13. Month & Year of Joining the T.Y.B. Arch.	Month Y	ear										
14. Address for Correspondence												
15. Permanent Address												
I wish to be examined at[College N					(	Centr	e. [	[ Cei	ntre Code ]			

(P.T.O.)

<sup>\*</sup> The Students who has participated in any of the extra-curricular activity should fill in the prescribed form for this purpose.

I desire to appear for the following Theory Papers / Sessional Work [tick {3} mark appropriate box] :

r desire to appear for the following Theory r apers / Sessionar work [tiek \5] mark appropriate box].											
SUBJECTS	TER	M : I	SUBJECTS	TERM : II							
	Paper	Sessional		Paper	Sessional						
	[ P <sub>1</sub> ]	$[S_2]$		[ P <sub>1</sub> ]	$[S_2]$						
1. Architectural Design – III	31011	32011	Architecture Design – IV	31091	32091						
2. Building Construction – III	31021	32021	2. Building Construction – IV	31101	32101						
3. Structure – V	31031	32031	3. Structure – VI	31111	32111						
4. Air Conditioning & Ventilation		32041	4. Quantity Surveying and Estimating – I	31121	32121						
5. Landscape Design	31051	32051	5. Introduction to Town Planning	31131	32131						
6. Building Services – II	31061	32061	6. Building Services – III	31141	32141						
7. Working Drawing – I		32072	7. Working Drawing – II		32151						
8. Specifications	31081	32081	8. Elective – I		32161						
[Complete which is applicable and strike which is not applicable]											
a) This is my attempt for Third Year B. Arch. Examination. Details of previous attempts:											
Attempt Month & Year of Exam. In which failed Seat No.											

	Attempt	Month & Year of Exam. In which failed	Seat No.		
_		April / May / Nov. / Dec., 200			
-		April / May / Nov. / Dec., 200			
-		April / May / Nov. / Dec., 200			
b)	I have appeared in B.Arch. Examinati	April / May / Nov. / Dec., 200 for thon.	ne first time for Third Year		
c) d)		ly appearing for I & II Term of the T.Y.B. Ar ly appearing for Second and Third Year Exan			

## **CERTIFICATE**

	$IT_{\Omega}$	he sio	ned by	the	Prin	cinal	of the	College	of A	rchitecture	at which	. candidate	is	studvina	, 1
- 1	IIU	ve sig	neu v	une	1 / 1/10	wu	oi ine	Conege	υгл	a chilecture	ai wiici	i canaiaaie	w	SIUUVIII	. 1

It is further certified that he / she has completed his / she her prescribed set of sessional work, required for the subject as on this date. Any contravention found in this connection at a later date will be informed to the University authorities before the commencement of the examination for necessary action.

Place : \_\_\_\_\_\_\_ Date : / / 200

Date: / / 200

Signature of the Principal with Seal

**Signature of the Candidate**