

No. :



For College use only

| | | | |
|-----------|--|--|--|
| Batch No. | | | |
| Sr. No. | | | |

B. Architecture [Fifth Year B.Arch.] (New)

॥ अंतरी पेटवू ज्ञानज्योत ॥

NORTH MAHARASHTRA UNIVERSITY, JALGAON
FIFTH YEAR EXAMINATION IN ARCHITECTURE [Revised from June, 2006]
EXAMINATION FORM

To,
The Controller of Examinations,
 North Maharashtra University, Jalgaon – 425 001.

Respected Sir,

I request permission to present myself for the Fifth Year, I / II Term Examination in Architecture to be held in April / May / Oct. / Nov., 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.

| | | |
|--|--|--|
| No. of Courses / Subjects | | |
| <table border="1"> <tr> <td></td> <td></td> </tr> </table> | | |
| | | |
| Exam. Fee Rs.----- | | |
| Convocation Fee Rs.----- | | |
| Statement of | | |
| Mark Fee:Rs.----- | | |
| CAP Fee : Rs.----- | | |
| Late Fee : Rs.----- | | |
| Total Fee : Rs.----- | | |

Date : / / 200

Signature of the Candidate

PERSONAL DETAILS

1.

| | |
|-------------|---------------|
| Male | Female |
| 1 | 2 |

2.

| | |
|--------------|-----------------|
| FRESH | REPEATER |
| 1 | 2 |

3. Name in full [in CAPITAL LETTERS] _____
 Surname Name Father's/Husband's Name

4. Also in Devanagari Script _____

5. Name of the College _____

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6. Permanent Registration Number [PRN] if applicable

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7. F.Y.B. Arch. Passed in

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| April / May, 200 | Nov. / Dec., 200 |
|-------------------------|-------------------------|

 Seat No.

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8. S.Y.B.Arch. Passed in

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|-------------------------|-------------------------|
| April / May, 200 | Nov. / Dec., 200 |
|-------------------------|-------------------------|

 Seat No.

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9. T.Y.B.Arch. Passed in

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| April / May, 200 | Nov. / Dec., 200 |
|-------------------------|-------------------------|

 Seat No.

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10. Fourth Year B. Arch. Passed in

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| April / May, 200 | Nov. / Dec., 200 |
|-------------------------|-------------------------|

 Seat No.

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11. No. of subject appearance

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12. Previous latest appearance for Fourth / Fifth Year B.Arch. examination Seat No.

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 Month

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| | |
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 Year

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| 2 | 0 | | |
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 PRN :

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13. Month & Year of Joining the Fifth Year B. Arch. Month

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| | |
|--|--|

 Year

| | | | |
|----------|----------|--|--|
| 2 | 0 | | |
|----------|----------|--|--|

14. Address for Correspondence _____

15. Permanent Address _____

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

(P.T.O.)

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

| SUBJECTS | | TERM : I | | SUBJECTS | | TERM : II | |
|-----------------------|--|--------------------|--------------------------------|-------------------------------|--|--------------------------------|--------------------------------|
| | | Paper | Sessional | | | Paper | Sessional (Viva) |
| | | [P ₁] | [S ₂] | | | [P ₁] | [S ₂] |
| 1. Practical Training | | ---- | <input type="checkbox"/> 52011 | 1. Professional Practice – II | | <input type="checkbox"/> 51021 | <input type="checkbox"/> 52021 |
| | | | | 2. Elective – III | | ---- | <input type="checkbox"/> 52031 |
| | | | | 3. Dissertation Project Work | | ---- | <input type="checkbox"/> 52041 |

[Complete which is applicable and strike which is not applicable]

- a) This is my ----- attempt for Fifth Year Examination.
Details of previous attempts :

| 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 April / May / Nov. / Dec., 200_____ for the first time for Fifth Year B.Arch. Examination.
c) I am simultaneously appearing for I & II Term of the Fifth Year B. Arch. Examination.
d) I am simultaneously appearing for Fourth and Fifth Year B. Arch. Examination.

Date : / / 200

Signature of the Candidate

CERTIFICATE

[To be signed by the Principal of the College of Architecture at which candidate is studying]

I hereby certify that Shri. / Smt. -----
has attended during the academic year 200_____ - 200_____ the requisite number of days, Lectures and Studio periods for Semester – I & Semester – II of Fifth Year B. Arch.

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

**Signature of the Principal
with Seal**