



UNIVERSITY INSTITUTE OF ENGINEERING & TECHNOLOGY

Re-Appeal / Improvement Form (ODD Semester)

(TO BE FILLED IN ENGLISH AND CAPITAL LETTERS ONLY)

Fees: 1000/- (Per Sem)

Registration No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Class Roll No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

College Name in CAPITAL Letters:

U	I	E	T		M	D	U		R	O	H	T	A	K					
---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--

1. CANDIDATE'S NAME in CAPITAL Letters (On the basis of Last Qualifying Exam):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. FATHER'S NAME in CAPITAL Letters (Do not add prefix like Shri, Mr., before the Name):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. MOTHER'S NAME in CAPITAL Letters (Do not add prefix like Smt, Mrs., before the Name):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Date of Birth (On the basis of Matric Certificate)

5. Gender:

Male Female

Date

Month

Year

		/			/				
--	--	---	--	--	---	--	--	--	--

6. Category:

GEN SC ST OBC SCB EBPG

7. Mobile Number:

										/									
--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--

8. E-mail ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Course Applying For:

B.Tech (Bio-Tech)	<input type="checkbox"/>	M.Tech (Bio-Tech)	<input type="checkbox"/>	M.Tech (Civil Engg.)	<input type="checkbox"/>
B.Tech (Civil Engg.)	<input type="checkbox"/>	M.Tech (Computer Sci & Engg.)	<input type="checkbox"/>	M.Tech (Elect. Engg.)	<input type="checkbox"/>
B.Tech (Computer Sci & Engg.)	<input type="checkbox"/>	M.Tech (Elect & Comm Engg.)	<input type="checkbox"/>		
B.Tech (Elect & Comm Engg.)	<input type="checkbox"/>	M.Tech (Mechanical Engg.)	<input type="checkbox"/>		
B.Tech (Electrical Engg.)	<input type="checkbox"/>	M.Tech (Manf. & Automation)	<input type="checkbox"/>		
B.Tech (Mechanical Engg.)	<input type="checkbox"/>	M.Tech (Software Engg.)	<input type="checkbox"/>		

10. Fill Subject Code:

1st Sem Last Exam Roll No.

3rd Sem Last Exam Roll No.

5th Sem Last Exam Roll No.

7th Sem Last Exam Roll No.

Note: Without photocopy of respective marks sheet, form will not be accepted.

11. Candidate's mailing address in CAPITAL Letters only:

Address:	_____						

City:	_____						
State:	_____						
PIN:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						



Signature: _____