

Price Rs.-100/-

BARKATULLAH VISHWAVIDYALAYA, BHOPAL

FOR BOTH REGULAR & EX-STUDENT

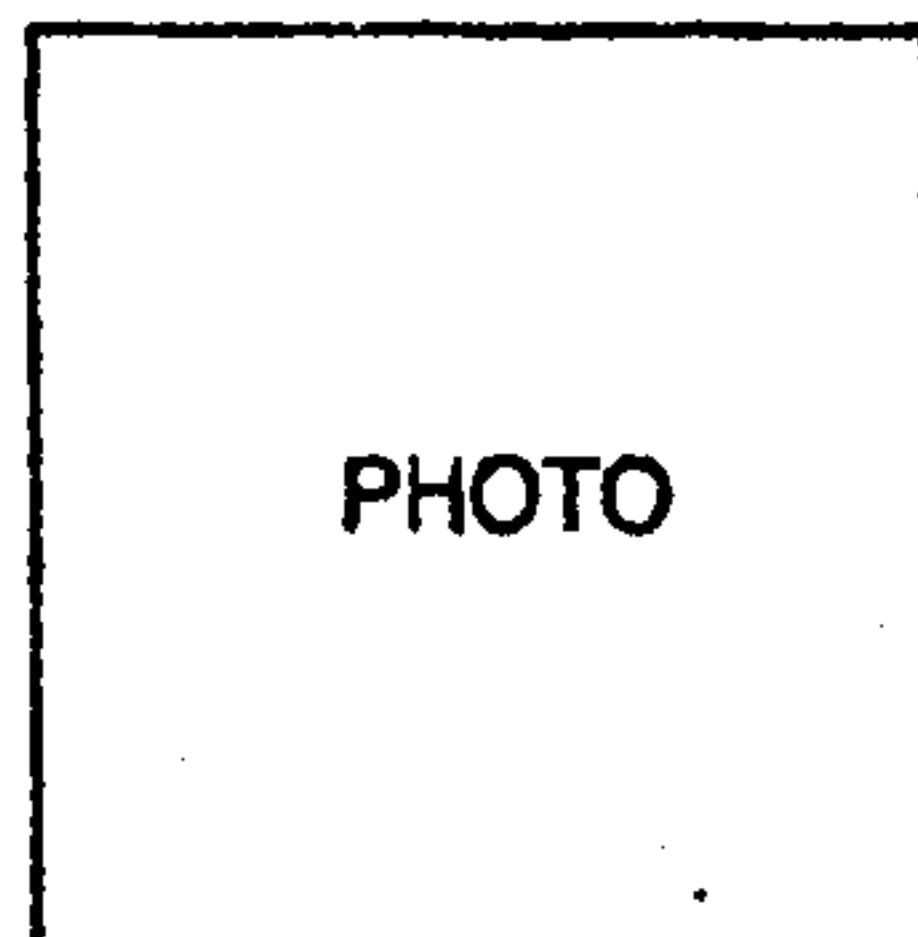
Form No : Enrolment No..... Roll No.....

Name of Examination..... Year..... Semester.....

Branch..... Examination..... Month..... Year.....

This application duly forwarded and endorsed by the Principal of the College concerned is to reach the University Office within 3 days after expiry of last date of Submission exam forms.

To be entered University office
Received Rs.....
Vide Challan No.....
Book No.....
Cashier



To,
The Registrar,
Barkatullah Vishwavidyalaya, Bhopal

Sir,

I request for your permission to present myself in the ensuing examination..... Year BE/M.Sc. (Applied)/B.Pharm./M. Pharma Examination in..... branch . to be held in..... as a Regular/Ex-Student. The exam fee of Rs..... Together with other fee Rs..... Total being Rs..... is remitted through the Principal of the College.

The particulars given on the reverse are mine and true to the best of my knowledge. I shall be responsible in case any of them being found to be incorrect.

.....
Signature of the candidate

Full Name of the candidate	:	<input type="text"/>
Father's Name	:	<input type="text"/>
Mother's Name	:	<input type="text"/>

CERTIFICATE OF ELIGIBILITY TO BE GRANTED BY PRINCIPAL

(A) FOR REGULAR STUDENTS :

I certify that candidate is duly enrolled in the University He / She fulfills all the conditions laid down in University Ordinances and rules required for Permission to present himself / herself at the examination in the above mentioned branch of Engineering His/her conduct has been good and the statement given by him/her is correct.

I also certify that the candidate's attestation in the classes/ practical etc. during the session is above the minimum percentage require by rules

(B) FOR EX-STUDENTS :-

I certify that candidate is eligible to appear at the examination in the above mentioned branch of Engineering after having presented himself/herself at last B.E./M.Sc. (Applied) B. Pharm. Semester Examination in

Branch..... held in.....

.....
Signature of the Principals

with Roll No.....

Name of the College.....

Dated.....

Official Seal.....

BARKATULLAH VISHWAVIDYALAYA, BHOPAL
ATTESTATION FORM
FOR USE AT THE EXAMINATION CENTRE

Enrolment No..... Roll No.....

Name of Examination..... Semester..... Branch.....

Month & Year of Exam.....

Name of the Candidate Shri/Smt./Ku.....

Father's Name.....

Mother's Name.....

Correspondence Address.....

Permanent Address.....

All Student are required to affix here a pass port size recent Photograph which should be attested by the College

Candidate must mention in the following place the full nomenclature of the Papers/Sessionals/ Practicals, with Sub Section, if any offered by them at the ensuing examination.

Sign in Hall	S. No.	Theory		Practical		Sessional	
		Code	Subject	Code	Subject	Code	Subject
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						

Signature of Candidate to be obtained
In the Examination Hall

Attestation by the Principal of the
College with date and seal

Signature of the Candidate

Attestation by the Centre Superintendent

----- (Cut Here) -----

BARKATULLAH VISHWAVIDYALAYA, BHOPAL

Enrolment No..... Roll No.....

Name of Exam with Branch..... Semester.....

Month & Year of Examination.....

ADMISSION CARD

(Note : All Entries except Roll No. is to be made by the Candidate)

All Student are required to affix here a pass port size recent Photograph which should be attested by the College

Admit Shri./Smt./Ku..... Son/Daughter of.....

to the B.E./B.Pharm./M.Sc.(Appl.) Examination in..... Branch.....

Semester..... Scheduled to commence on.....20..... at the Centre

Barkatullah Vishwavidyalaya, Bhopal

Date.....20.....

REGISTRAR

Enrolment No.....

Roll No.....

This application duly forwarded by the Principal of the College concerned is to reach the University office along with examination form.

Name of Exam..... Semester..... Month & Year of

Exam.....

(with Branch)

Exam Fees Details-Amount Rs..... Challan No.....

Date..... Name of Bank.....

Name of the Branch & Place.....



1. Name of the Candidate Shri/Smt./Ku.
(in English Capital Letters)

2. Full Name in Hindi.....

3. Father's Name : 4. Mother's Name Smt. :

5. Present Address.....

6. Whether the candidate has appeared at the same exam. it so.

Month of Exam. Year..... Roll No..... Result.....

7. Name of papers-Practicals-Sessional in which candidate is appearing in this exam. (Code No.).....

Theory..... Sessional..... Practical.....

8. Details of Examination Passed only.

S. No.	Class Passed	Passing Year Month	Roll No.	Total Marks out of	Result
B.E. B. Phar. M.Pharm. M.Sc. Applied	I Semester				
	II Semester				
	III Semester				
	IV Semester				
	V Semester				
	VI Semester				
	VII Semester				
	VIII Semester				

The particulars given above are true to the best of my knowledge. I shall be responsible in case any of them being found to be incorrect.

I certify that the information given above by the candidate is correct.

Signature of the Principal
(with Seal)

.....
Signature of Candidate

**BARKATULLAH UNIVERSITY INSTITUTE OF TECHNOLOGY
BARKATULLAH UNIVERSITY, BHOPAL**

Registration Form

1. Registration for _____ Semester _____ Branch Year _____
2. Name of Student _____
3. Father's Name Shri _____
4. Date of Admission in BUIT _____
5. Present Postal Address _____
_____ Contact No. _____
6. Name & Postal Address for Local Guardian: _____
_____ Contact No. _____
7. Category: SC/ST/OBC/General _____

8. Details of Fee Paid:-

Semester	Amount	Name of Bank	D.D. No.	Date
I Semester				
III Semester				
V Semester				
VII Semester				

9. Previous Results (attested copies of Marks should be enclosed)

Year	CGPA
I Year	
II Year	
III Year	
IV Year	

Declaration

I Son/Daughter of Shri hereby declare that I will never involve in any type of ragging inside and out side of the campus of BUIT and also ensure that I would attend the classes regularly. If I fail to observe the discipline then the Institute has right to cancel my registration.

Date: _____

(Signature of the Candidate)

Recommendation of DUPC

The DUPC ofBranch has recommended for the registration of Mr.for.....Sem. Branch.

Head DUPC

Receipt

NameBranchSemester.....

Amount.....D.D. No.Date.....

Bank / Branch

Signature of Cashier