



Please submit application from photocopied on both sides of the sheet in A -4 size only

RASHTRIYA INSTITUTE OF TECHNOLOGY AND MANAGEMENT

EXAMINATION FORM

1. Session
2. Semester :
3. Reg. No.
4. Category
5. Name of Candidate
6. Father's Name
7. Date of Birth/...../.....
8. Examination Centre's Code (use Branch code)
9. Course Name : -.....
10. Course Medium English Hindi
11. Paper appearing in 1st Semester 2nd Semester 3rd Semester 4th Semester

1st Semester

2ND Semester

SNo	Paper's name	SNo	Paper's name
1		1	
2		2	
3		3	
4		4	
5		5	

3rd Semester

4th Semester

SNo	Paper's name	SNo	Paper's name
V1		1	
2		2	
3		3	
4		4	
5		5	

For use at the study centre regarding DD of consolidated sum

Study centre	Code No.	D.D no. with Bank NAME	D.D Date	D.D Amount
The serial of the candidate from the list of study centre attached with D.D the mention in this block				

Date _____

Signature of Candidate

DECLARATION

(To be filled in by the candidate)

I wish to appear in the class /course _____ examination

Of _____ month, Year _____ of the RITM . I have been carefully go through the rules and regulations , and I promise to abide them. I assure you that I have filled all the information in the form true to the best of my knowledge and belief , I shall be responsible for the consequences if the information filled by me is incorrect . I know that hereafter no charges shall be made in the subjects and place of examination

Place : _____

Date : _____

Candidate's Signature

Name : _____

ATTESTATION

(To filled in by the Head of the Study Centre)

This is to certified that Shri /Smt. _____ Son /Daughter of _____

Is a student registered from our centre . The registration fees of Rs. _____ has been paid to the Head office on Date ____/____/____ by DD No. _____ I have personally verified the eligibility from the original documents . The photo pasted on the form depicts his /her current appearance correctly. The examination fees Rs _____ is being paid

By DD No . _____ along with the form . I have personally checked entries and guided the candidate for filling complete information in the columns on the form . I attest all the entries are correct .

Affix Seal /Stamp of Name

Address and study centre

Place.....

Date/...../.....

.....

Signature of the Head OF Study centre

Name

Phone No . with STD code

SEAL