

BRANCH:- (M. Tech. CE- 2nd)
2ND SEM. (_____)



Govt. of Maharashtra

Govt. College of Engineering, Nagpur

Sector- 27, Mihan Rehabilitation Colony New Khapri, Nagpur-441108 (Maharashtra State)

"To be an Institution of National Repute Creating Globally Competent Technocrats to Serve the Society"

☎ : (07103) 295226(P), (07103) 295220(O) Website: www.gcoen.ac.in

✉ E-mail: principal.gcoenagpur@dtmaharashtra.gov.in - Office.gcoenagpur@dtmaharashtra.gov.in

EXAMINATION FORM – SUMMER 2025

(Master OF TECHNOLOGY -M.TECH)

Name of Student:- _____ (ABC ID No.)-----
(In Capital Letter as per First Name/Middle Name/Last Name)

Mother Name :- _____ Gender :- (Male / Female)

Date of Birth :- _____ Physical Disability :- Yes / No

Address for :- _____

Correspondence :- _____

Pin Code :-

Permanent Address :- _____

Pin Code

WhatsApp Mobile No. (Student):- _____ Mobile No.(Parent):- _____

E-mail ID (Student):- _____ E-mail ID (Parent):- _____

Entry Qualification :- _____ Blood Group :- _____

Caste:- _____ Category :- _____ Religion: _____

Candidate Declaration

The above information is correct to the best of knowledge and belief. I shall be solely responsible in case of cancellation of admission, if provided false information.

Date:-

Place:-

Signature of Candidate

Encl.- Xerox Copy of Previous Semester of Mark sheet.

FOR OFFICE USE		
STUDENT SECTION	CASH SECTION	REMARK
EXAMINATION FEE :-	Received of fee	
(M. Tech. CE) Rs. 2095 /-	Rs.	
Total Fees to be paid Rs.	In Challan/POS/ On Line	
Original Document Received as per Col. NO.- 1	Dated :-	
Sign of Student Section	Sign of Cashier	

BRANCH:- (M. Tech. CE-4nd)
4ND SEM. (_____)



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EXAMINATION FORM – SUMMER 2025 (Master OF TECHNOLOGY - M.TECH)

Name of Student:- _____ (ABC ID No.)-----

(In Capital Letter as per First Name/Middle Name/Last Name)

Mother Name :- _____ Gender :- (Male / Female)

Date of Birth :- _____ Physical Disability :- Yes / No

Address for :- _____

Correspondence _____

Pin Code :-

Permanent Address :- _____

Pin Code

WhatsApp Mobile No. (Student):- _____ Mobile No.(Parent):- _____

E-mail ID (Student):- _____ E-mail ID (Parent):- _____

Entry Qualification :- _____ Blood Group :- _____

Caste:- _____ Category :- _____ Religion: _____

Candidate Declaration

The above information is correct to the best of knowledge and belief. I shall be solely responsible in case of cancellation of admission, if provided false information.

Date:-

Place:-

Signature of Candidate

Encl.- Xerox Copy of Previous Semester of Mark sheet.

FOR OFFICE USE		
STUDENT SECTION	CASH SECTION	REMARK
EXAMINATION FEE :-	Received of fee	
	Rs.	
(M. Tech. CE) Rs. 628 /-	In Challan/POS/ On Line	
	Dated :-	
Total Fees to be paid Rs.		
Original Document Received as per Col. NO.- 1		
Sign of Student Section	Sign of Cashier	



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- Office.gcoenagpur@temaharashtra.gov.in

Date:-

To,
Head of Deptt _____
Govt. College of Engg. Nagpur.

Subject :- Issue of No Objection Certificate [NOC]

Sir,

With reference to above, I the undersigned student is filling the exam form for II/IV/VI/VII semester. It is therefore requested to issue the NOC to me for applying to Exam Form. The details of dues pending / cleared is as below.

FOR OFFICE USE

Student Name - -----
Class and year - -----

Admission Year	Admitted Year	Fees Details				
		Admission Fees, Fees Receipt Number and Date	Scholarship/ Freeship/EBC/PTC Application Number	Received Amount as per Scholarship/ Freeship/EBC/PTC	Pending Amount from student	Total pending Fees from student
First Year						
Second Year /DSY						
Third Year						
Fourth Year						
Total pending dues						

Sr. No	Name of Department	Name of Section (If Any)	Dues (If Any)	Signature
1	Office *	Students / Scholarship		
		Cash Section		
		Registrar		

* Application to defaulter students as per the list displayed. Non-Defaulters students may write NA in Dues column.

Signature and Name of Student