



BRANCH:- 8<sup>TH</sup> SEM. ( \_\_\_\_\_ )  
( CE/ME/EE/ETC/CSE)



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**  
**( BACHELOR OF TECHNOLOGY (B. 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 :-**

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**Permanent Address :-** \_\_\_\_\_

**Pin Code**

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**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. (1<sup>st</sup> to 8 Sem. Mark sheet Xerox)**

FOR OFFICE USE		
STUDENT SECTION	CASH SECTION	REMARK
<b>EXAMINATIN FEE :-</b>	Received of fee	
1) CE- 2432/-	Rs. ....	
2) ME- 2494/-	In Challan/POS/ On Line	
3) EE- 2432/-	Dated :-	
4) ETC- 2432/-		
5) CSE- 2432/-		
Total Fees to be paid Rs. ....		
Original Document Received as per Col. NO.- 1		
Sign of Student Section	Sign of Cashier	



Govt. of Maharashtra

BRANCH:- 6<sup>TH</sup> SEM. ( \_\_\_\_\_ )  
( CE/ME/EE/ETC/CSE )

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### EXAMINATION FORM – SUMMER 2025 ( BACHELOR OF TECHNOLOGY (B. 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. (1<sup>st</sup> to 5 Sem. Mark sheet Xerox)

FOR OFFICE USE		
STUDENT SECTION	CASH SECTION	REMARK
EXAMINATIN FEE :-	Received of fee	
1) CE- 2074/-	Rs. ....	
2) ME- 2136/-	In Challan/POS/ On Line	
3) EE- 2074/-	Dated :-	
4) ETC- 2198/-		
5) CSE- 2198/-		
Total Fees to be paid Rs. ....		
Original Document Received as per Col. NO.- 1	Sign of Cashier	
Sign of Student Section		

BRANCH:- 4<sup>TH</sup> SEM. ( \_\_\_\_\_ )  
( CE/ME/EE/ETC/CSE)



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### EXAMINATION FORM – SUMMER 2025 ( BACHELOR OF TECHNOLOGY (B. 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 :- 

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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. (1<sup>st</sup> to 3 Sem. Mark sheet Xerox)

FOR OFFICE USE		REMARK
<b>STUDENT SECTION</b>	<b>CASH SECTION</b>	
<b>EXAMINATIN FEE :-</b>	Received of fee	
	Rs. ....	
1) CE- 2260/-	In Challan/POS/ On Line	
2) ME- 2260/-	Dated :-	
3) EE- 2136/-		
4) ETC- 2136/-		
5) CSE- 2136/-		
Total Fees to be paid		
Rs. ....		
Original Document Received as per Col. NO.- 1	Sign of Cashier	
Sign of Student Section		

BRANCH:- ( M. Tech. CE- 2<sup>nd</sup> )  
2<sup>ND</sup> SEM. ( \_\_\_\_\_ )



Govt. of Maharashtra

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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	
(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	



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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