



BRANCH:- 8TH 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 2026
(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. (1st to 7 Sem. Mark sheet Xerox)



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BRANCH:- 6TH SEM. (_____)
(CE/ME/EE/ETC/CSE)

EXAMINATION FORM – SUMMER 2026 (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. (1st to 5 Sem. Mark sheet Xerox)



BRANCH:- 4TH SEM. (_____)
(CE/ME/EE/ETC/CSE)

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EXAMINATION FORM – SUMMER 2026

(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. (1st to 3 Sem. Mark sheet Xerox)



BRANCH:- 2ND SEM. NEP (_____)
(CE/ME/EE/ETC/CSE)

Govt. of Maharashtra

Govt. College of Engineering, Nagpur

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EXAMINATION FORM – SUMMER 2026 (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.

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



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EXAMINATION FORM – SUMMER 2026 (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 :-

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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.

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



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EXAMINATION FORM – SUMMER 2026 (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 :-

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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

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Date:-

Place:-

Signature of Candidate

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