



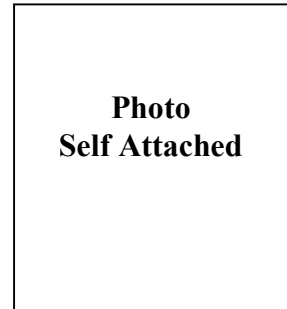
Dr. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, LUCKNOW
Semester Examination Form

Institution Name: S.D. College of Management Studies, Muzaffarnagar

Semester:

Institution Code: 085

Course/Branch: MBA (70, Master of Business Administration)
MCA (14, Master of Computer Application)



PERSONAL DETAIL:

Roll Number :

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Date of Birth :

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Adhar Card No. :

(Attached Copy)

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Name of Student:

Father's Name:

Mother's Name:

Mobile Number:

Address :

Category :

E-Mail ID :

DETAILS OF SUBJECTS OF SEM EXAMINATION:

Sl.No	Subject Code	Subject Name	Sl.No	Subject Code	Subject Name	Total Fee Deposit
1.			6.			Rs. 6,500/-
2.			7.			
3.			8.			
4.			9.			
5.			10.			

Declaration:

I,..... Son/Daughter of Mr./Mrs.
Do hereby solemnly affirm that all the information's given in this application form are true to the best of my knowledge and belief. If any information is found incorrect or distorted at any stage, I shall have no objection in cancelation of my examination form by the University/College.

(Signature of the Student)