

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)PhotoMCA (14, Master of Computer Application)Self Attached
PERSONAL DETA	
Roll Number :	
Date of Birth :	
Adhar Card No. : (Attached Copy)	
(Attached Copy)	
Name of Student:	
Father's Name:	
Mobile Number:	
Address :.	
Category :.	
E-Mail ID :.	

DETAILS OF SUBJECTS OF SEM EXAMINATION:

Sl.No	Subject	Subject Name	Sl.No	Subject	Subject Name	Total Fee
	Code			Code		Deposit
1.			6.			Rs. 7,500/-
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)