

University of Mumbai

EXAMINATION FORM

F.E. Semester II Choice Based (Old) Examination - May 2020

NAME:- _____
[Sur name] [First] [Father's / Husband's Name] [Mother's Name]

BRANCH:- _____

ADDRESS: _____

Phone No. _____ * Mobile No. _____

E. Mail ID. _____

GENDER:- _____ CAST:- _____

ADMISSION YEAR:- _____

SUBJECTS OFFERED (Put \checkmark wherever applicable)

Sr. No.	Subject Name	Theory		T/W	Oral	Practical
		ESE	INT			
1	Applied Mathematics II					
2	Applied Physics II					
3	Applied Chemistry II					
4	Engineering Drawing					
5	System Programming Approach					
6	Communication Skill					
7	Basic Workshop Practice II					

I hereby declared that the information furnished above is true and correct. If it is found incorrect I am liable for disciplinary action/cancellation of admission to the Examination.

Date:- / /20

Signature of the Candidate

This is to certify that the student has kept the term for the examination satisfactorily and he/she is eligible to appear at the Examination

Date:- / /20

seal

PRINCIPAL