

DR. BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY LONERE-RAIGAD

Application form for _____ Convocation
(To be filled by all Appeared final year students)

1. PRN NUMBER :

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2. Class: Ph.D./M.Tech./M.Pharm./M.Arch./B.Tech./B.Arch./B.Pharm./B.Voc./Pharm.D./Pharm Practice/
Diploma/WQM/HMT

3. Branch : _____

4. Applicants full name (As appeared on your Grade Report in English)

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5. Sex : MALE/FEMALE (Please \sqrt Tick)

6. Applicants full name in DEVNAGARI SCRIPT (मराठी) (As appeared on your Grade Report)

7. Institute Full Name in DEVNAGARI SCRIPT (मराठी) (As appeared on your Grade Report)

Academic Result Data

| | I/Credit | II/Credit | III/Credit | IV/Credit | V/Credit | VI/Credit | VII/Credit | VIII/Credit | Total |
|-----------------------|----------|-----------|------------|-----------|----------|-----------|------------|-------------|-------|
| Grade Point | | | | | | | | | |
| Passing Season & Year | | | | | | | | | |

8. Address for correspondence in English CAPITAL LETTERS

9. Mobile No- _____ E-mail _____

Director/Principal
(Signature)

College Seal & Date

Student Signature

| Sr.No. | PRN/Enrollment No | Student Name in English (as per Marksheet) | Student Name in Marathi (as per Marksheet) | Organization Name in English (as per Marksheet) | Organization Name in Marathi (as per Marksheet) |
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