

DR.BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY LONERE-RAIGAD

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

1. PRNNUMBER :

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)

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

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

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

Academic Result Data

	I	II	III	IV	V	VI	VII	VIII	IX	X
Credits										
Grade Point										
CGPA										
Passing Season & Year										

8. Mobile No-_____ E-mail_____

Director/Principal
(Signature)

College Seal & Date

Student Signature