



FORM No. E- 4

Date:-

EXAMINATION FORM

Examination	End Semester Examination [ESE] Even Semester 2025-2026
URN / Roll No.	
Candidate Name	
Branch	
Class	F.Y. MTech
Semester	II
Exam Month and Year	May 2026
Email Id	
Contact No.	

Details of Courses:						
Sr.No.	Course Name	Course Code	Course Type	Exam Type	Credits	(Tick ✓)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
Total Credits Registered						

Undertaking by Student:

I hereby declare that all information furnished above is true and correct to the best of my knowledge.

Signature of Candidate

Office Section	
Verified By-	
Verification Date -	
Remarks if any-	
Signature & Stamp of Account Section	



Dr. Vasanttraodada Patil Shetkari Shikshan Mandal's
**PADMABHOOSHAN VASANTRAODADA PATIL INSTITUTE OF
TECHNOLOGY, BUDHGAON, SANGLI.**
(An Autonomous Institute, affiliated to Dr. Babasaheb Ambedkar Technological University, Lonere, Raigad)
(Accredited by NAAC)
Office of Controller of Examinations (COE)



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