



OFFICE OF CONTROLLER OF EXAMINATIONS
DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY
(Deemed University), Girinagar, Pune-25
Tel No : (020) 24304031/33, Fax No. : (020) 24389241
Email : coe@diat.ac.in

OFFICE USE

SPRING / AUTUMN
Year _____

EXAMINATION FORM

To,
The controller of Examinations
Defence Institute of advanced Technology
(Deemed University), Girinagar,
Pune - 411025

Affix a recent
Passport Size self
attested
Photograph

Sir,

I request permission to register for the **AUTUMN/SPRING 20**____ Examinations in **M.Tech. (I /II Yr)**
/M.S. (I/IIYr), M.Sc. (I/II Yr), Ph.D. programme _____
_____ to be held in the month of _____ 20_____ (*As per the academic Year Calendar*).

I have opted for the courses in **First / Second / Third / Fourth** semester examination as given overleaf.

1. Name _____ [Male/Female]
(in CAPITAL letter) (SURNAME) (FIRST NAME) (MIDDLE NAME)

2. Father's / Husband Name : _____

3. M. Tech Programme title : _____ Dept _____

4. Date of Registration: _____ Registration No. : _____

5. Category: Scholarship Students/ MoD sponsored/ Industry Sponsored/ Others (_____)

6. Qualifying Examination Passed

Branch	University	Passing Year & Month	Grade/ Marks

(A copy of last qualifying examination should be enclosed if **appearing for the first time**)

7. Address for Correspondence : _____

State: _____ PIN _____

8. Mobile No. _____ Email Address: _____

Date of submission : _____

1. Submitted on or before the date :Yes / No

2. Submitted with late fee of Rs. 500 Yes / No.

If Yes please provide details

Receipt No _____ Date _____

(Enclosed a copy of payment receipt of Rs. 500)

Sign of the candidate: _____

Name of the candidate: _____

Registration No. _____

Department _____

(see on backside)

SUBJECT SELECTED FOR CURRENT SEMESTER : SPRING/ AUTUMN : 20_____

Sr.	Course Name	Course Code	Core/Self/Lab Seminar/elective	Name of OiC	Sign of OiC
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SUBJECT OPTED FOR PREVIOUS SEM WITH GRADE/ BACKLOG IF ANY: SPRING/ AUTUMN : _____

Sr.	Course Name	Course Code	Core/Self/Lab Seminar/elective	Grade	Remarks (Pass/Fail)
1.					
2.					
3.					
4.					
5.					
6.					

**CERTIFICATE OF SUPERVISOR / HEAD OF THE DEPARTMENT
(FOR DISSERTATION PHASE ONLY)**

CERTIFICATE OF SUPERVISOR – FOR DISSERTATION PHASE ONLY

This is to certify that, Shri./ Smt. _____
studying in **M. Tech.(I/II) / M.S.(I/II) / M.Sc.(I/II) / Ph.D.** Programme in _____
Bearing Registration No. _____ has worked under my direction for academic term starting from _____
to _____ in the department of _____ at **DIAT(DU)** and that,
the Dissertation titled _____

and a synopsis of which has been signed by me is entirely the work of the candidate and has been approved by the University.

Supervisor Signature : _____

Date:

Name of the Supervisor : _____ (Supervisors Stamp if any)

CERTIFICATE BY HEAD OF THE DEPARTMENT

This is to certify that, Shri./ Smt. _____
studying in **M. Tech.(I/II) / M.S.(I/II) / M.Sc.(I/II) / Ph.D.** Programme in _____
Bearing Registration No. _____ has satisfactory attendance in each of the above courses. He /She may
be permitted to appear for the examination. Further, it is also certified that, the above courses are as per prescribed
course structure available in the courses of study for PG Programmes offered by DIAT (DU) during the current
semester AUTUMN/ SPRING of the academic Year 20__ to 20____

Sign of Head of the Dept: _____

Name of the HoD: _____

Department Stamp

Date: _____



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BATCH _____	ADMIT CARD	M.Tech. M.Sc M.S. Ph.D
	EXAMINATION : AUTUMN / SPRING 20 _____	

1. Name _____
(In CAPITAL LETTERS) (SURNAME) (FIRST NAME) (MIDDLE NAME)
2. Registration Number: _____ Department _____
3. M. Tech Programme title: _____
4. Degree: M. Tech./ M.S. /M.Sc. /Ph.D. Semester : First / Second / Third / Fourth
5. Courses (subjects) appearing for AUTUMN/ SPRING 20 _____ Examination.

Affix a recent
Passport Size
Photograph

Attested by
Head of the

Sr.	Course Name	Course Code	Core/Self/Lab Seminar/elective	Name of OiC	Sign of OiC
1.					
2.					
3.					
4.					
5.					
6.					
7.					

(If any discrepancy in the subject then subject entered on registration form will be consider as final course/ subjects)

PREVIOUS SEM BACK LOG DETAILS (If any): Back Log Sem _____ Year _____

Sr.	Course Name	Course Code	Core/Self/Lab Seminar/elective	Name of OiC	Sign of OiC
1.					
2.					
3.					
4.					
5.					

Checked by CoE staff	Controller of Examinations
Signature : _____	Signature : _____
Name : _____	Stamp : _____
Designation : _____	Date : _____
Date : _____	

INSTRUCTIONS TO CANDIDATES

1. Candidates should write their personal details, as asked, only in the Index Sheet attached on the main answer book.
2. Candidates should write only the serial number of the main answer sheet in all the supplements.
3. Candidates should use blue/black ink pen for writing answer. Use of colored pencil or ink is strictly prohibited except in case of diagrams & sketches.
4. Candidates should not indicate their identity in any way on main answer book or in the supplements.
5. Candidates should not take with them any answer book or supplement while leaving the examination hall.
6. Candidates must make sure that they are not in possession of any material such as books; note books, scribbled notes or cell/mobile phones in the examination hall including on their Desk/Seat.
7. Candidates must not speak or communicate with other candidates in the examination hall during the examination.
8. Candidates must obey the instructions issued by the invigilators and do not behave in a rude or disobedient manner.