



# डॉ. बाबासाहेब आंबेडकर तंत्रशास्त्र विद्यापीठ, लोणेरे

**Dr. Babasaheb Ambedkar Technological University, Lonere**

विद्याविहार, लोणेरे-रायगड ४०२ १०३ (महाराष्ट्र) Vidyavihar, Lonere - Raigad 402 103 (Maharashtra)

Tel: (02140) 275142 Student Helpline: 02140-275212

Website: [www.dbatu.ac.in](http://www.dbatu.ac.in), E-mail: [coe@dbatu.ac.in](mailto:coe@dbatu.ac.in)

परीक्षा विभाग



**Dr. Narendra S. Jadhav**

**Controller of Examinations (I/c)**

डॉ. नरेंद्र सु. जाधव

परीक्षा नियंत्रक (प्र.)

No: DBATU/EXAM/M.Supply/W24/2025/3513

Date: April 28, 2025

## NOTIFICATION:

Sub: Exam form filling for **Supplementary Winter Semester Examination 2024**

The student of **Semester I, II & IV** for **M. Tech. / MBA / MCA** are requested to submit their Supplementary Winter Semester Examination 2024 Exam form **offline**. The fees for the same is to be paid ( through below link- <https://dbatu.unisuite.in/QuickPay/ef> )

The printout of the Exam form and the fees receipt (paid through above link) copy to be submitted to the concerned department as per the following scheduled.

The schedule for the form filling and the fees are as follows:

Activity	Start Date	Last Date	Fees
Examination Form Filling	28-04-2025 (Monday)	01-05-2025 (Thursday)	Rs. 300/- per subject
Examination Form Filling (With Penalty for 1. After due date 2. Wrong Form Filling)	02-05-2025 (Friday)		Rs. 300/- per subject + Rs. 500/- (Late fee)



Controller of Examinations (I/c)  
**Controller of Examinations**  
**Dr. Babasaheb Ambedkar Technological University**  
Lonere - 402103  
Tal. Mangaon, Dist. Raigad. (Maharashtra)

Copy to:

1. Hon'ble Vice Chancellor (For Information)
2. The Registrar (for information)
3. The Finance Officer
4. Principal/Director of all the affiliated institutes (for necessary action)
5. Head of the Departments of Dr. B. A. T. U. Lonere (for Necessary action)
6. OSD, Regional centers/Sub-Centers
7. Students Notice Board
8. University Website [www.dbatu.ac.in](http://www.dbatu.ac.in)



**Dr. BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY**  
**LONERE-RAIGAD 402 103**  
**(EXAMINATION FORM FOR AFFILIATED INSTITUTE STUDENTS ONLY)**

Full Name of the student : \_\_\_\_\_

Exam Centre Code & Name: \_\_\_\_\_

Affix a  
stamp size  
photo

Class : First / Second Year : **M. Tech. / MBA / MCA**  
 (Strike out which is not applicable)

Branch : \_\_\_\_\_ Semester : \_\_\_\_\_ PRN : \_\_\_\_\_

Examination fees paid Receipt No./UTR No.: \_\_\_\_\_ Date : \_\_\_\_\_

**Instructions :**

- Applicant should fill in the particular in his/her own handwriting.
- Incomplete application form is liable for rejection.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the student \_\_\_\_\_

Note Take a back to back printout of two pages



**Dr. BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY**  
**LONERE-RAIGAD 402 103**  
**(EXAMINATION HALL-TICKET FOR AFFILIATED INSTITUTE STUDENTS ONLY)**

Full Name of the student : \_\_\_\_\_

Exam Centre Code & Name: \_\_\_\_\_

Affix a  
stamp size  
photo

Class : First / Second Year : **M. Tech. / MBA / MCA**  
 (Strike out which is not applicable)

Branch : \_\_\_\_\_ Semester : \_\_\_\_\_ PRN : \_\_\_\_\_

Examination fees paid Receipt No./UTR No.: \_\_\_\_\_ Date : \_\_\_\_\_

**Instructions:**

- Applicant should fill in the particular in his/her own handwriting.
- Incomplete application form is liable for rejection.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the student \_\_\_\_\_

Note Take a back to back printout of two pages

I would like to register for the following theory courses for Examination to be held in \_\_\_\_\_

Sr. No.	Exam Date	Subject Code	Full Subject Name in which to appear	Verify & Sign. by Exam Coordinator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby certify that the application has been filled in by me and statements made there in are correct and complete.

Date : \_\_\_\_\_

Signature of the student : \_\_\_\_\_

Institute\_Seal     Date : \_\_\_\_\_

Principal / Director  
(Name & Sign.)

Officer on Special Duty  
(Name & Sign.)

I would like to register for the following theory courses for Examination to be held in \_\_\_\_\_

Sr. No.	Exam Date	Subject Code	Full Subject Name in which to appear	Signature of the Supervisor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby certify that the application has been filled in by me and statements made there in are correct and complete.

Date : \_\_\_\_\_

Signature of the student : \_\_\_\_\_

Institute\_Seal     Date : \_\_\_\_\_

Exam Coordinator  
(Name & Sign.)

Principal / Director  
(Name & Sign.)

Officer on Special Duty  
(Name & Sign.)