Dr. Narendra S. Jadhav	डॉ. नरेंद्र सु. जाधव
Controller of Examinations (I/c)	परीक्षा नियंत्रक (प्र.)

No: DBATU/EXAM/M-R&S/W24/2025/3512　　　　　　　　　　　Date: April 28, 2025

NOTIFICATION:

Sub: Exam form filling for **Winter Semester Examination 2024 (Regular/*Supplementary)**

The student of **Semester III** for **M. Tech. / MBA / MCA** are requested to submit their Regular and 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. 1,000/-
Examination Form Filling (With Penalty for 1. After due date 2. Wrong Form Filling)	02-05-2025 (Friday)		Rs. 1,000/- + Rs.2,000/- (Late fee) = Rs. 3,000/-

* For Supplementary students, Rs. 300/- per subject exam form filling fees + late fees

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

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:_____

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:_____

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   Officer on Special Duty
                                                                    (Name & Sign.)   (Name & Sign.)

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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   Principal / Director   Officer on Special Duty
                                                                    (Name & Sign.)   (Name & Sign.)   (Name & Sign.)

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