

Tel No : (020) 24304031/33
Fax No. : (020) 24389241
Email : coe@diat.ac.in



OFFICE OF CONTROLLER OF EXAMINATIONS
Defence Institute of Advanced Technology
(Deemed University), Girinagar, Pune-25

EXAMINATION FORM

Affix a recent
passport size
self attested
photograph

To
The Controller of Examinations
Defence Institute of Advanced Technology (Deemed University)
Girinagar, Pune - 411 025

Sir,

I request permission to register for the **AUTUMN/ SPRING' 20**____examination in **M.Tech/M.S/Ph.D** Programme _____ to be held in March/Sep, 20____(*as per academic calendar*). I have opted for the courses in First/Second/Third/Fourth Semester Examination as given overleaf.

Yours faithfully

Date:

Signature

Name.....

1. Name _____ [M /F]

(In Capital Letters) Surname First Name

2. Father's/Husband's Name _____

3. Date of Registration _____ Registration No _____

4. Qualifying Examination Passed

Branch	University	Year &Month	Date of Passing

(Copy of last qualifying Examination should be enclosed if appearing for the first time)

4. Address for Correspondence _____

Mobile Number _____ E-Mail Id _____

CERTIFICATE OF GUIDE / HOD
(For Dissertation phase only)

This is to certify that, Shri/Smt. _____
studying in **M.Tech/M.S/Ph.D** Programme _____ bearing Regn
No. _____ has worked under my direction for academic terms from _____
to _____ 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.

(Name of the Guide)

(Signature of HOD)

CERTIFICATE BY THE HOD

This is to certify that, Shri/Smt. _____
studying in **M.Tech/M.S/Ph.D** Programme _____ bearing Regn
No. _____ has satisfactory attendance in each of the following courses. He/She may be
permitted to appear for the Examination. Further, it is also certified that, the following courses
are as per prescribed course structure available in the courses of study for PG Programmes
offered by DIAT (DU) during the current semester.

Name & Signature of Head, Department _____

Departmental Stamp _____

S. No.	Course Name	Course Code		
		Core/Self study/Lab/Seminar	Elective	Remarks/ Sign of OIC
1				
2				
3				
4				
5				
6				
7				
8			Audit	
9			Audit	

BACK-LOG (If any)

S. No.	Course Name	Course Code		
		Core/Self study	Elective/Audit	Remarks/ Sign of OIC
1				
2				
3				

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ADMIT CARD

(EXAMINATION – SPRING/AUTUMN 20)
(To be used for Mid & End Semester)

(M/F)

Photo attested
by HoD

1. Name : _____

(In Capital Letters) Surname First Name

3. Registration No. _____

4. PROGRAMME: M.Tech/Ph.D/M.S in _____

5. Courses (Subjects) Appearing for

S. No.	Course Name	Course Code		
		Core/Self study/Lab/Seminar	Elective	Remarks/ Sign of OIC
1				
2				
3				
4				
5				
6				
7				
8			Audit	
9			Audit	

BACK-LOG (If any)

S. No.	Course Name	Course Code		
		Core/Self study	Elective/Audit	Remarks/ Sign of OIC
1				
2				
3				

Checked by

(CoE Staff)

CONTROLLER OF EXAMINATIONS

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 coloured 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.