



Zagdu Singh Charitable Trust's (Regd.)

**THAKUR COLLEGE OF  
ENGINEERING & TECHNOLOGY**

Autonomous College Affiliated to University of Mumbai

Approved by All India Council for Technical Education (AICTE) and Government of Maharashtra (GoM)

Conferred Autonomous Status by University Grants Commission (UGC) for 10 years w.e.f. A.Y 2019-20

Amongst Top 200 Colleges in the Country, Ranked 193<sup>rd</sup> in NIRF India Ranking 2019 in Engineering College category

• ISO 9001:2015 Certified • Programmes Accredited by National Board of Accreditation (NBA), New Delhi

• Institute Accredited by National Assessment and Accreditation Council (NAAC), Bangalore

Website : www.tcetmumbai.in

**APPLICATION FOR ADMISSION TO THE EXAMINATIONS (1<sup>st</sup> half / 2<sup>nd</sup> half \_\_\_\_\_ )**

**(YEAR - \_\_\_\_\_ ) (SEMESTER- \_\_\_\_\_ ) (COURSE \_\_\_\_\_ )**

**(Branch Name: \_\_\_\_\_ )**

1. NAME IN FULL (BLOCK LETTERS)	(SURNAME)	(FIRST/OWN NAME)	(FATHER'S/HUSBAND'S NAME)	(MOTHER'S NAME)
2. संपूर्ण नाव (देवनागरी)	(आडनाव)	(स्वतः चे नाव)	(वडिलांचे / नवऱ्याचे नाव)	(आईचे नाव)
3. Complete Postal Address: _____ _____				
Contact Details: Mobile No.: _____ and E mail ID: _____				

**Photograph  
Paste inside  
the box only**

**4. Sex**

1.	(M) MALE
2.	(F) FEMALE

**5. Category**

OPEN	SC	ST	DT	NT	OBC	SBC
0	1	2	3	4	5	6

**6. Student Type**

1.	STUDENT
2.	EX-STUDENT
3.	Phy. H.C. / Blind

7.

Paper/ Subject No.	Name of the Subject (As per syllabus)	(Put (✓) if Claiming Exemption and Put (X) if failed)			
		In-Semester Assessment / Average of 2 Test	Theory	Term Work	Practical & Oral
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Name of the student	Branch	Roll No	Paid Amount	Payment date	UTR No./ Ref. No. / IMPS No. / Transaction ID No. / DD No.	Contact No.

To,  
The Principal,  
Sir,

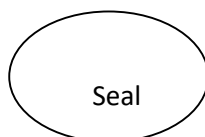
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same accordingly and the information furnished above is correct.

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

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

Signature of the candidate

Principal's Signature



Seal

8.

FOR REPEATER ONLY	
Last Seat No.	Month & Year
Attach Mark sheet / Grade Card	

9.

Details of Lower Examination	
Semester	Month and Year of Passing
I	
II	
III	
IV	
V	
VI	
VII	
Attach Mark sheet / Grade Card	