



OFFICE OF CONTROLLER OF EXAMINATIONS
DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY
(Deemed University), Girinagar, Pune-25
Tel No : (020) 24604032/33, email : coe@diat.ac.in

**For
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
self-attested
passport Size
photograph

Sir/Madam,

I request permission to register for the **AUTUMN/SPRING 20**____ Examinations in **M. Tech./ M.S./ M.Sc./ 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** semester examination as given overleaf.

My 12-digit AADHAAR Number is: _____

My 12-digit APAAR/ABC ID is: _____

1. Name: _____ **[Male/Female]**
(As per AADHAAR Card)

2. Father's / Husband's Name: _____

3. 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 Month & Year	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 ID:** _____
(Linked with AADHAAR)

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 Student: _____ Name of the Student: _____ Registration No: _____ Department: _____
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(See on backside)

COURSES SELECTED FOR CURRENT SEMESTER : SPRING / AUTUMN 20_____

Sl No.	Course Name	Course Code	Core/Self-Study/ Laboratory/Elective	Signature of Prog Co-Ord
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

NOTE: Program Co-ordinators shall be solely responsible for timely submission of Marks/CMDs in respect of every ONLINE/ MOOC/NPTEL Course opted by the student.

COURSES OPTED FOR PREVIOUS SEMESTER : SPRING / AUTUMN 20_____ (if any)

Sl No.	Course Name	Course Code	Core/Self-Study/ Laboratory/Elective	Grade	Pass/Fail
1.					
2.					
3.					
4.					
5.					
6.					

**CERTIFICATE OF SUPERVISORY & HEAD/DIRECTOR OF DEPT/SCHOOL
(FOR DISSERTATION ONLY)**

CERTIFICATE OF SUPERVISOR

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 Regn No: _____ has worked under my direction for academic term starting from _____ to _____ in the Department/School 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.

Date:**Signature of the Supervisor:** _____**Name of the Supervisor :** _____**CERTIFICATE OF HEAD / DIRECTOR OF DEPARTMENT / SCHOOL**

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 Regn 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 Autumn/Spring Sem of the academic Year 20____ to 20_____

Date:**Signature of Head/Dir of Dept/School:** _____**Name of Head/Dir of Dept/School:** _____



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

1. **Name:** _____
(As per AADHAAR Card)
2. **Registration Number:** _____ **Department:** _____
3. **Programme Title:** _____
4. **Degree:** M. Tech. / M.S. / M.Sc. / Ph.D.
5. **Semester:** First / Second
6. **Courses appearing for present examination:**

Affix a recent
passport sized
photograph

To be attested
by Head/Dir of
Dept/School

Sl No.	Course Name	Course Code	Core/Self-Study/ Laboratory/Elective	Signature of Prog Co-Ordinator
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

(Courses entered on registration form will be consider as final)

BACK LOG COURSES FROM PREVIOUS SEMESTER (APPEARANCE IN PRESENT EXAMINATION)

Sl No.	Course Name	Course Code	Core/Self-Study/ Laboratory/Elective	Signature of Course Instructor
1.				
2.				
3.				
4.				

NOTE: *O i/c shall be solely responsible for timely submission of Marks/CMDs in respect of every ONLINE/ MOOC/NPTEL Course opted by the student.*

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

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.
9. Candidates should read & understand Institute Exam Policy which is available on the Institute Website under Home/Administration/Controller-Of-Examinations, presently at <https://diat.ac.in/wp-content/uploads/2023/11/CoE-Policies.pdf>.