राजकीय अभियांत्रिकी महाविद्यालय झालावाड़
(राजस्थान सरकार का स्वायत्तशाषी संस्थान)
सुनेल रोड, झालरापाटन, झालावाड़, राजस्थान—326023
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GOVT. ENGINEERING COLLEGE JHALAWAR
(An Autonomous Institution of Government of Rajasthan)
Sunel Road, Jhalrapatan, Jhalawar, Rajasthan- 326023
Tel.No.+91-07432-242811, 242812
Email:principalgecj[at]gmail[dot]com
Website:www.gecj.ac.in

Ref. No.GECJ/23-24/ 125

Date: 22/09/23

Notice

With reference to Rajasthan Technical University, Kota office order No. F-(23)/Exam-conduct/2023-24/5.216/4648-54 Dated : 20/09/2023, all the students of **B.TECH III, V & VII SEM (MAIN) Exam 2023-24** are hereby informed that they can fill their examination form at institute exam department in online mode. The last date is **13/10/2023** Up to **4:00 P.M. &** Examination Registration **fee is Rs. 2000/-**.

Note: Student must come with filled examination form available at college website, latest colour photo & self attested aadhar card copy to fill online examination form

Student is carefully check all the current semester subjects during filling of examination form, in case of any mistake, students (Himself/Herself) will be liable only.
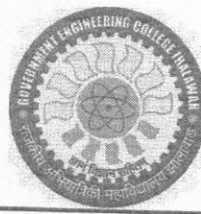
-sd-
Principal

Copy to:
1. All Hod's (CE/CSE/EE/ECE/IT/ME).
2. FIC/AAO Account Section are here by inform to refer Rajasthan Technical University, Kota office order attached with this to submit examination fees in online mode.
3. FIC Webmaster to upload on college website.
4. Registrar/FIC Academics.
5. All Notice Board
6. PA to Principal

Principal

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Date:

ENGINEERING COLLEGE JHALAWAR
EXAMINATION FORM B.TECH / MBA (Main/Back/Reback/Mercy Back)
(FORM FILL ONLY IN CAPITAL LETTERS & Fill Separate form for each semester)

Year .... 　　　　　Semester ....

B.TECH/MBA		BRANCH	
NAME OF STUDENT			
FATHER NAME			
ROLL NO.			
YEAR			
EMAIL ID			
MOBILE NO.			
AADHAR NO.			
DOB.			
PERMANENT ADDRESS.			
RECEIPT NO.			
RECEIPT AMOUNT			
RECEIPT DATE			

SUBJECT DETAILS

S.NO	CODE	THEORY SUBJECT	CODE	PRACTICAL SUBJECT (LAB)

S.NO	CODE	THEORY IMPROVEMENT SUBJECT	CODE	PRACTICAL IMPROVEMENT SUBJECT (LAB)

If form filled by other person (With authorization letter)

Name		Mob. No.	
College Id		Aadhar Id.	

I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief and information. I hereby declare that I shall be solely responsible for providing any wrong information. (Enclose photo copy of College Id/ Semester marksheet/Fees receipt/Aadhar card)

STUDENT SIGNATURE