्य अभियांत्रिकी महाविद्यालय झालावाड़ त्थान सरकार का स्वायत्तरााषी संस्थान) ल रोड, झालरापाटन, झालावाड, राजस्थान—326023 लंकोन: +91-07432-242811, 242812 नेल principalgecj@gmail.com

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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

Date: 26/09/23

वेवसाईट: www.gecj.ac.in Ref. No.GECJ/23-24//27

Notice

All the students of M.B.A III Sem 2023-24 (MAIN) are hereby informed that they can fill online examination form, Last date 13/10/2023 at Examination section. Time to fill the form is 10:00 a.m. to 04:00 p.m. The Exam Registration fee is Rs 2300/-.

Note: Student must come with filled examination form available at college website 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.

Principal

Copy to:

Hod (MBA).

- 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

DASHASHI COM SHASHI NOTICE/EXAM FORM NOTICE OFFLIN

रीजकीय अभियांत्रिकी महाविद्यालय झालावाड़ (राजस्थान सरकार का स्वायत्तरााधी संस्थान) सुनेल रोड, झालरापाटन, झालावाड़, राजस्थान–326023 टेलिफोन: +91-07432-242811, 242812 ई–मेल: principalgecj@gmail.com वेबसाईट: www.gecj.ac.in



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Semester

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)

В.ТЕСН/МВА	BRANCI	1	
NAME OF STUDENT			
FATHER NAME			
ROLL NO.			
YEAR			
EMAIL ID			
MOBILE NO.			•
AADHAR NO.			
DOB.			
PERMANENT ADDRESS.			
RECEIPT NO.			
RECEIPT AMOUNT			
RECEIPT DATE			
	SUBJECT DETA		
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•	•		
S.NO CODE THEORY IMPROVEMENT		CODE	PRACTICAL IMPROVEMENT
. SUBJECT			SUBJECT (LAB)
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	n filled by other person (\	Vith auth	orization letter)
Name		Mob	. No.
College Id		Aadhar Id.	
. 1	•	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