



**MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY,
BHOPAL-462003**

CONTINUOUS EVALUATION FORM FOR ODD/EVAN SEMESTER

Date: _____

Semester in which Evaluation is required : _____ (Sem) _____ (Branch) _____

1. (i) Candidate's Full Name : _____
(in Block Letters)
(ii) Scholar No. : _____
(iii) Day Scholar : _____
(iv) Hosteller : _____ Room No. _____ Hostel No. _____

2. (i) Name of Father/ Guardian : _____

(ii) Present Address of student

(iv) Permanent Address of Parent/ Guardian

Mob. No. _____

Father Mob. No. _____

Student Email ID : _____

Father Email ID : _____

3. Payment Details Amount Rs. _____ Receipt/Transaction No. _____ Dt. _____

Note :- Fee for continuous Evaluation Rs. 1000/- per subject

4. Record of Backlog subjects :

S.No	Subject	Sub. Code	Semester	Continuous evaluation marks (out of 40/60)	Month & Year last appeared
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Encl: Copy of Mark sheets of all previous semester exams

Signature of the Student

Verification by COE

Associate Dean (UG)

Recommendation by Dean (Academic)

Head of Department (HOD)