



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

## Re-Registration Form

Form No. : JA-404452

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.:	<b>Provisional</b>	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32000033</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:			
Candidate's Name:	<b>ABHISHEK KUMAR</b>		Student Signature
Father's Name:	<b>VINOD KUMAR</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>2</b>	
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404452</b>
	Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



# Re-Registration Form

Form No. : JA-404441

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179245**

**UP-BAGHPAT**

Last Roll No.: **32000034**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ANAND PRAKASH**

Father's Name: **UDAY KUMAR**

Course Code: **DCE-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404441**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404434

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179250</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32000035</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>ANIL KUMAR</b>	Student Signature		
<b>Father's Name:</b>	<b>SATISH KUMAR</b>			
<b>Course Code:</b>	<b>DCE-N</b>			Sem /Year <b>2</b>
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404434</b>
_____	
_____	
_____	
_____	Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



# Re-Registration Form

Form No. : JA-404442

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179242

UP-BAGHPAT

Last Roll No.: 32000036

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ASIF ALI

Father's Name: AFSHAR ALI

Course Code: DCE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404442

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404437

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179238**

**UP-BAGHPAT**

Last Roll No.: **32000037**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **GAUTAM SINGH**

Father's Name: **PARAMLAL SINGH**

Course Code: **DCE-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404437**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404443

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179241

UP-BAGHPAT

Last Roll No.: 32000038

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: HIMANSHU

Father's Name: LALIT SHARMA

Course Code: DCE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

DD MM YY

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form No. : JA-404443

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404453

Enrolment No.:	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32000039</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:				
Candidate's Name:	<b>IRSHAD</b>	Student Signature		
Father's Name:	<b>SABIR ALI</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>2</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female  
**Mobile No.:** \_\_\_\_\_ **Date of birth:**              
**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404453</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404444

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32000040</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>KOKIL KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>JAGPAL SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404444</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404456

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179239

UP-BAGHPAT

Last Roll No.: 32000041

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: LOKESH KUMAR

Father's Name: RAMESH CHAND

Course Code: DCE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404456

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404435

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179240

UP-BAGHPAT

Last Roll No.: 32000042

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: MONIKA

Father's Name: PARDUMAN KUMAR

Course Code: DCE-N

Sem /Year 2

Course Name: DIPLOMA IN CIVIL ENGINEERING

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404435

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404457

Enrolment No.:	<b>IASE/2/13/D/179237</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32000043</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>NEERAJ</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>RAKESH</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>2</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404457</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404438

Enrolment No.:	<b>IASE/2/13/D/179248</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32000044</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>PRADEEP KUMAR</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>RAJENDRA SINGH</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>2</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404438</b>   Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



# Re-Registration Form

Form No. : JA-404445

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179251

UP-BAGHPAT

Last Roll No.: 32000045

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: RAJEEV KUMAR

Father's Name: SURESH CHAND

Course Code: DCE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404445

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404446

Enrolment No.:	<b>IASE/2/13/D/179249</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32000046</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>RAVI KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>SATPAL</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>2</b>	
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404446</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404447

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32000047</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>RAVI KUMAR</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>VINOD KUMAR</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404447</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404436

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179243</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32000048</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>ROHIT</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>HARI RAM</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404436</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404454

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179252</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32000049</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>SACHIN KUMAR</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>UPDESH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404454</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404439

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179247</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32000050</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SANJU KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>BHAGVAT</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404439</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404448

Enrolment No.:	<b>IASE/2/13/D/179246</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32000051</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SHIKHA UPADHAYAY</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>RAJENDRA UPADHAYAY</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>2</b>	
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404448</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404449

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179244

UP-BAGHPAT

Last Roll No.: 32000052

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: TAHIR ALI

Father's Name: MAHBOOB ALI

Course Code: DCE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404449

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404455

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179235**

**UP-BAGHPAT**

Last Roll No.: **32000230**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **AASHISH CHAUDHARY**

Father's Name: **DHARMPAL CHAUDHARY**

Course Code: **DCE-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404455**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404450

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179234**

**UP-BAGHPAT**

Last Roll No.: **32000231**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ANAMIKA**

Father's Name: **ASHOK KUMAR**

Course Code: **DCE-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404450**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404440

Enrolment No.:	<b>IASE/2/13/D/179236</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32000232</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>ANKIT KUMAR</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>RAJ KUMAR</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>2</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404440</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404476

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179256</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008203</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ANKIT KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>JAIPAL</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**  Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404476</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404460

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179257**

**UP-BAGHPAT**

Last Roll No.: **32008204**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ASHUTOSH BHARDWAJ**

Father's Name: **CHANDRA MOHAN BHARDWAJ**

Course Code: **DCE-N**

Sem /Year **4**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404460**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404461

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179254</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008205</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>HIMANSHU</b>		Student Signature
<b>Father's Name:</b>	<b>RAJPAL SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404461</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/13/D/179255</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008206</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>NADEEM</b>		<div style="border: 1px solid black; padding: 10px; width: 100%;">           Student Signature         </div>
<b>Father's Name:</b>	<b>SALEEM</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404469</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404465

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179260**

**UP-BAGHPAT**

Last Roll No.: **32008207**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ROHIT KUMAR**

Father's Name: **RAMVEER SINGH**

Course Code: **DCE-N**

Sem /Year **4**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404465**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/13/D/179253</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008208</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>	
<b>Centre Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>ROHIT KUMAR DHAMA</b>		
<b>Father's Name:</b>	<b>DHARAMPAL SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	<input style="width: 100%;" type="text" value="Student Signature"/>
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404466</b>  Received date and seal
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# Re-Registration Form

Form No. : JA-404478

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179258

UP-BAGHPAT

Last Roll No.: 32008209

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SHAHBAJ KHAN

Father's Name: KAIYOUUM ALI

Course Code: DCE-N

Sem /Year 4

Course Name: DIPLOMA IN CIVIL ENGINEERING

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404478

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404467

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179259**

**UP-BAGHPAT**

Last Roll No.: **32008210**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **SHALINI**

Father's Name: **RAJPAL SINGH**

Course Code: **DCE-N**

Sem /Year **4**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404467**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404458

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171779</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32008211</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>ANKIT KUMAR</b>	Student Signature		
<b>Father's Name:</b>	<b>AMAR PAL SINGH</b>			
<b>Course Code:</b>	<b>DCE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404458</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404468

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171771</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008212</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ANKIT KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>GANGA RAM</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
---	--------------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404468</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404463

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171765

UP-BAGHPAT

Last Roll No.: 32008213

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ASHUDDIN

Father's Name: SHAUKEEN ALI

Course Code: DCE-N

Sem /Year 4

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404463

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404464

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171778</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32008214</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>BOBY</b>	Student Signature		
<b>Father's Name:</b>	<b>RAJPAL SINGH</b>			
<b>Course Code:</b>	<b>DCE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404464</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404462

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171767</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008215</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>HARSHNEEL JAIN</b>		
<b>Father's Name:</b>	<b>NAVEEN KUMAR JAIN</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	Student Signature
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404462</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404472

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171780</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32008216</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input type="text"/>			
<b>Candidate's Name:</b>	<b>KAPIL KUMAR</b>	<input type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>RAJVEER SINGH</b>			
<b>Course Code:</b>	<b>DCE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404472</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404459

Enrolment No.:	<b>IASE/2/12/D/171775</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32008217</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>KULDEEP</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>SHIV CHARN</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>4</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404459</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/12/D/171773</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008218</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>	
<b>Centre Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>MANISH</b>		<input style="width: 100%; height: 40px;" type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>RAJANDER</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404473</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404474

Enrolment No.:	IASE/2/12/D/171770	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32008219	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	MEHRAJ ALI		
Father's Name:	MOHMMAD KAYYUM ALI		
Course Code:	DCE-N	Sem /Year 4	<div style="border: 1px solid black; padding: 5px; width: 100%;">Student Signature</div>
Course Name:	DIPLOMA IN CIVIL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404474</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404475

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171781</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008220</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>PANKAJ KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>RAM KUMAR SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404475</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404480

Enrolment No.:	<b>IASE/2/12/D/171774</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32008221</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>PRADEEP KUMAR</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>RAMKISHAN SINGH</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>4</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404480</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404470

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171776

UP-BAGHPAT

Last Roll No.: 32008222

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: RAVI KUMAR

Father's Name: RAGBEER

Course Code: DCE-N

Sem /Year 4

Course Name: DIPLOMA IN CIVIL ENGINEERING

\_\_\_\_\_  
Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404470

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404471

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179261**

**UP-BAGHPAT**

Last Roll No.: **32008538**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ADITYA KUMAR**

Father's Name: **RAMESH**

Course Code: **DCE-N**

Sem /Year **4**

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404471**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/13/D/179262</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008539</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ARJUN SINGH</b>		Student Signature
<b>Father's Name:</b>	<b>SURYA PARTAP SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404477</b>   Received date and seal
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**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404479

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179263</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32008540</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MOHD DANISH</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Student Signature
<b>Father's Name:</b>	<b>MOHD SHAKEEL</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE420-CONCRETE TECHNOLOGY	<input type="checkbox"/>
2 DCE430-STRUCTURAL MECHANICS	<input type="checkbox"/>
3 DCE440-SURVEYING-I	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404479</b>   Received date and seal
---	---

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404481

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171791

UP-BAGHPAT

Last Roll No.: 32012120

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: MANU CHOUDHARY

Father's Name: NABAB ALI

Course Code: DCE-N

Sem /Year 5

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE520-ELEMENTS OF RCC DESIGN	<input type="checkbox"/>
2 DCE530-TRANSPORTATION ENGINEERING	<input type="checkbox"/>
3 DCE540-SOIL AND FOUNDATION ENGINEERING	<input type="checkbox"/>
4 DCE550-SURVEYING –II & CAMP	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404481

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404482

Enrolment No.:	IASE/2/11/D/153220	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32012121	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	PRASHANT CHAUDHARY		<div style="border: 1px solid black; width: 100%; height: 30px; margin: 5px 0;">Student Signature</div>
Father's Name:	SATYA VIR SINGH		
Course Code:	DCE-N	Sem /Year 5	
Course Name:	DIPLOMA IN CIVIL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE520-ELEMENTS OF RCC DESIGN	<input type="checkbox"/>
2 DCE530-TRANSPORTATION ENGINEERING	<input type="checkbox"/>
3 DCE540-SOIL AND FOUNDATION ENGINEERING	<input type="checkbox"/>
4 DCE550-SURVEYING –II & CAMP	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404482</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404483

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153216

UP-BAGHPAT

Last Roll No.: 32016470

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ABDULLA ALI

Father's Name: IRFAN ALI

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

### PAPER-CODE(S) AND NAME(S)

Tick to select

1	DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2	DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3	DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4	NA	<input type="checkbox"/>
5	NA	<input type="checkbox"/>
6	NA	<input type="checkbox"/>
7	NA	<input type="checkbox"/>
8	NA	<input type="checkbox"/>
9	NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404483

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404506

Enrolment No.:	<b>IASE/2/12/D/171800</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32016471</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>AMIT PANWAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>DHARAMVEER SINGH</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404506</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404510

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153210

UP-BAGHPAT

Last Roll No.: 32016472

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ANKIT BAJGI

Father's Name: NAIN SINGH BAJGI

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

## PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

## Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

## For office use only

Comments :

Form No. : JA-404510

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404484

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153205**

**UP-BAGHPAT**

Last Roll No.: **32016473**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ANKIT KUMAR**

Father's Name: **RAJVEER SINGH**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404484**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404485

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171785

UP-BAGHPAT

Last Roll No.: 32016474

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ANKIT KUMAR

Father's Name: NARESH PAL

Course Code: DCE-N

Sem /Year 6

Course Name: DIPLOMA IN CIVIL ENGINEERING

Student Signature

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.:

DD Date:

Bank Name:

Amount (In figures):

Amount (In words):

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404485

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404511

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171789**

**UP-BAGHPAT**

Last Roll No.: **32016475**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ANKUR KUMAR**

Father's Name: **RAVINDRA SINGH**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404511**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404486

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153203

UP-BAGHPAT

Last Roll No.: 32016476

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ANKUR SHARMA

Father's Name: YOGESH SHARMA

Course Code: DCE-N

Sem /Year 6

Course Name: DIPLOMA IN CIVIL ENGINEERING

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404486

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404496

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171803</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32016477</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>ANKUSH KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>RAM KUMAR SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

	PAPER-CODE(S) AND NAME(S)	Tick to select
1	DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2	DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3	DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4	NA	<input type="checkbox"/>
5	NA	<input type="checkbox"/>
6	NA	<input type="checkbox"/>
7	NA	<input type="checkbox"/>
8	NA	<input type="checkbox"/>
9	NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404496</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404487

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153207

UP-BAGHPAT

Last Roll No.: 32016478

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ANUJ

Father's Name: SHRI PAL

Course Code: DCE-N

Sem /Year 6

Course Name: DIPLOMA IN CIVIL ENGINEERING

Student Signature

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404487

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



<b>Enrolment No.:</b>	<b>IASE/2/12/D/171784</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32016479</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>	
<b>Centre Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>ARVIND KUMAR TIWARI</b>		<input style="width: 100%; height: 40px;" type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>GANESH TIWARI</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404520</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404497

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171801

UP-BAGHPAT

Last Roll No.: 32016480

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ASHISH KAUSHIK

Father's Name: UMESH DUTT KAUSHIK

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404497

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404512

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153221**

**UP-BAGHPAT**

Last Roll No.: **32016481**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ATUL KUMAR**

Father's Name: **SHRI CHAND**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404512**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404521

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171802

UP-BAGHPAT

Last Roll No.: 32016482

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: BABU LAL SERAWAT

Father's Name: KALU RAM SERAWAT

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

## PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

## Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.:

DD Date:

Bank Name:

Amount (In figures):

Amount (In words):

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

## For office use only

Comments :

Form No. : JA-404521

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404498

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171787**

**UP-BAGHPAT**

Last Roll No.: **32016483**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **DEEPAK**

Father's Name: **BHANWAR SINGH**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404498**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404513

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171790**

**UP-BAGHPAT**

Last Roll No.: **32016484**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **GAURAV**

Father's Name: **JAYPAL**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404513**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404514

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153214**

**UP-BAGHPAT**

Last Roll No.: **32016485**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **GAYYUR ABBASI**

Father's Name: **ZARIF ABBASI**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

DD MM YY

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404514**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404507

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171783</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32016486</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>GOVIND SHARMA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SHRIKANT SHARMA</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404507</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404499

Enrolment No.:	<b>IASE/2/12/D/171794</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32016487</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>KULDEEP KUMAR</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>RAMKISHAN SINGH</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404499</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404517

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153217</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32016488</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MAHTAB</b>		
<b>Father's Name:</b>	<b>VAKIL</b>		Student Signature
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

	PAPER-CODE(S) AND NAME(S)	Tick to select
1	DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2	DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3	DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4	NA	<input type="checkbox"/>
5	NA	<input type="checkbox"/>
6	NA	<input type="checkbox"/>
7	NA	<input type="checkbox"/>
8	NA	<input type="checkbox"/>
9	NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404517</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404500

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/J/145888

UP-BAGHPAT

Last Roll No.: 32016489

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH  
  
SIGNED BY  
CENTRE HEAD

Candidate's Name: MANOJ KUMAR

Father's Name: VIJAY PAL SINGH

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404500

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404501

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153218**

**UP-BAGHPAT**

Last Roll No.: **32016490**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **MANOJ KUMAR**

Father's Name: **DHARM PAL SINGH**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

  
  
  

Form No. : **JA-404501**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404502

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171796**

**UP-BAGHPAT**

Last Roll No.: **32016491**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **MOHIT KUMAR**

Father's Name: **MUKESH KUMAR**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404502**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404508

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153206</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32016492</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input type="text"/>			
<b>Candidate's Name:</b>	<b>NITIN MALIK</b>	<input type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>TARA CHAND</b>			
<b>Course Code:</b>	<b>DCE-N</b>			Sem /Year <b>6</b>
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404508</b>  Received date and seal
---	---

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404503

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153212

UP-BAGHPAT

Last Roll No.: 32016493

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: PARMAL SINGH

Father's Name: BALJOR SINGH

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

DD MM YY

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404503

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404492

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171805

UP-BAGHPAT

Last Roll No.: 32016494

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: PRAVIN KUMAR

Father's Name: SURESH PAL

Course Code: DCE-N

Sem /Year 6

Course Name: DIPLOMA IN CIVIL ENGINEERING

Student Signature

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.:

DD Date:

Bank Name:

Amount (In figures):

Amount (In words):

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404492

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404504

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171804

UP-BAGHPAT

Last Roll No.: 32016495

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: RAHUL KAMAIYA

Father's Name: RAJESH KAMAIYA

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404504

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404493

Enrolment No.:	<b>IASE/2/12/D/171798</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32016496</b>	<input type="text" value="Last exam centre city"/>	
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>	
Centre Name:	<input style="width:100%;" type="text"/>		
Candidate's Name:	<b>RAHUL KUMAR</b>		
Father's Name:	<b>JANESH KUMAR</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>6</b>	<input style="width:100%;" type="text" value="Student Signature"/>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404493</b>   Received date and seal
---	---

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404494

Enrolment No.:	<b>IASE/2/11/D/153211</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32016497</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>RAVI DEV</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>SATISH KUMAR</b>			
Course Code:	<b>DCE-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404494</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404495

Enrolment No.:	<b>IASE/2/12/D/171788</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32016498</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>ROHIT MALIK</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>NARENDRA MALIK</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404495</b>   Received date and seal
---	---

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404509

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171797</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32016499</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ROHIT MALIK</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>JUGMEG SINGH</b>		
<b>Course Code:</b>	<b>DCE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404509</b>
<input type="text"/> <input type="text"/> <input type="text"/>	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404515

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153209**

**UP-BAGHPAT**

Last Roll No.: **32016500**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **SABIR KHAN**

Father's Name: **YASEEN KHAN**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

DD MM YY

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form No. : **JA-404515**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404490

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171793

UP-BAGHPAT

Last Roll No.: 32016501

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SAGAR MALIK

Father's Name: SANJEEV KUMAR

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404490

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404488

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171799

UP-BAGHPAT

Last Roll No.: 32016502

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SAMEEM AHMAD

Father's Name: NASEEM AHMAD

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404488

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404518

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153208

UP-BAGHPAT

Last Roll No.: 32016503

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SARTAJ

Father's Name: AKBAR

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.:

DD Date:

Bank Name:

Amount (In figures):

Amount (In words):

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404518

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404491

Enrolment No.:	<b>IASE/2/11/D/153204</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32016504</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SHIVAM YADAV</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>PREMPAL</b>		
Course Code:	<b>DCE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN CIVIL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404491</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404489

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171792

UP-BAGHPAT

Last Roll No.: 32016505

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SONU SHARMA

Father's Name: KALU RAM

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404489

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404505

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153213

UP-BAGHPAT

Last Roll No.: 32016506

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SUDHANSHU SOLANKI

Father's Name: KRISHAN JI SOLANKI

Course Code: DCE-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION

2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN

3 DCE630-ESTIMATING AND COSTING

4 NA

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404505

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404519

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153215**

**UP-BAGHPAT**

Last Roll No.: **32016507**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **VIJAY PANWAR**

Father's Name: **DEVENDRA KUMAR**

Course Code: **DCE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404519**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404516

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171795**

**UP-BAGHPAT**

Last Roll No.: **32016508**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **VIKRANT**

Father's Name: **UDAY VEER SINGH**

Course Code: **DCE-N**

Sem /Year **6**

Course Name: **DIPLOMA IN CIVIL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE610-EARTHQUAKE RESISTANT BUILDING CONSTRUCTION	<input type="checkbox"/>
2 DCE620-ELEMENTS OF STEEL STRUCTURAL DESIGN	<input type="checkbox"/>
3 DCE630-ESTIMATING AND COSTING	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404516**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404530

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171810</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32032020</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ROHIT SHARMA</b>		Student Signature
<b>Father's Name:</b>	<b>SUKH PAL</b>		
<b>Course Code:</b>	<b>DECE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRONICS &amp; COMMUNICATION ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DECE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DECE420-ELECTRONIC INSTRUMENTS AND MEASUREMENTS	<input type="checkbox"/>
3 DECE430-ELECTRONICS DEVICES AND CIRCUITS-III	<input type="checkbox"/>
4 DECE440-ELECTRONIC DRAWING, DESIGN AND FABRICATION TECHNIQUES	<input type="checkbox"/>
5 DECE450-MICROPROCESSORS-I	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404530</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404531

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171812</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32040049</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>KRISHNA KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>TARA CHAND</b>		
<b>Course Code:</b>	<b>DECE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRONICS &amp; COMMUNICATION ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DECE610-MEDICAL ELECTRONICS	<input type="checkbox"/>
2 DECE620-COMMUNICATION SYSTEMS-II	<input type="checkbox"/>
3 DECE630-MICROWAVE ENGINEERING	<input type="checkbox"/>
4 DECE640-PC ORGANISATION	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404531</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404532

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153227</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32040050</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>ROHIT</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>RAJ KUMAR</b>		
<b>Course Code:</b>	<b>DECE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRONICS &amp; COMMUNICATION ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DECE610-MEDICAL ELECTRONICS	<input type="checkbox"/>
2 DECE620-COMMUNICATION SYSTEMS-II	<input type="checkbox"/>
3 DECE630-MICROWAVE ENGINEERING	<input type="checkbox"/>
4 DECE640-PC ORGANISATION	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404532</b>   Received date and seal
---	---

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404533

Enrolment No.:	<b>IASE/2/11/D/153226</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32040051</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SACHIN KASHYAP</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>VIJAY PAL SINGH</b>		
Course Code:	<b>DECE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN ELECTRONICS &amp; COMMUNICATION ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DECE610-MEDICAL ELECTRONICS	<input type="checkbox"/>
2 DECE620-COMMUNICATION SYSTEMS-II	<input type="checkbox"/>
3 DECE630-MICROWAVE ENGINEERING	<input type="checkbox"/>
4 DECE640-PC ORGANISATION	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404533</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404535

Enrolment No.:	<b>IASE/2/12/D/171811</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32040052</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:			
Candidate's Name:	<b>SACHIN KUMAR</b>		Student Signature
Father's Name:	<b>OM SINGH TOMER</b>		
Course Code:	<b>DECE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN ELECTRONICS &amp; COMMUNICATION ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DECE610-MEDICAL ELECTRONICS	<input type="checkbox"/>
2 DECE620-COMMUNICATION SYSTEMS-II	<input type="checkbox"/>
3 DECE630-MICROWAVE ENGINEERING	<input type="checkbox"/>
4 DECE640-PC ORGANISATION	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404535</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/11/D/153228</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32040094</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>NAVEEN KUMAR</b>		
<b>Father's Name:</b>	<b>DINESH KUMAR PANCHAL</b>		
<b>Course Code:</b>	<b>DECE-N</b>	Sem /Year <b>6</b>	Student Signature
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRONICS &amp; COMMUNICATION ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DECE610-MEDICAL ELECTRONICS	<input type="checkbox"/>
2 DECE620-COMMUNICATION SYSTEMS-II	<input type="checkbox"/>
3 DECE630-MICROWAVE ENGINEERING	<input type="checkbox"/>
4 DECE640-PC ORGANISATION	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404534</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404537

<b>Enrolment No.:</b>	<b>Provisional</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048028</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>AMIT SINGH</b>		<input style="width:100%; height: 40px;" type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>RAVINDRA SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404537</b>   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404547

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179275</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048029</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ANKUR TOMAR</b>		Student Signature
<b>Father's Name:</b>	<b>DEVENDER SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404547</b>
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_____	
_____	Received date and seal

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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404544

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179277</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048030</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ARUN KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>MADAN SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404544</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404540

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179270</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048031</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>DINESH KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>OMBIR SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404540</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404545

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179276</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048032</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>KISHOR KUMAR RAM</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>LALAN RAM</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404545</b>  Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404541

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179271</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048033</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%; height:20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>NISHU CHOUDHARY</b>		<input style="width:100%; height:30px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>RAKESH CHOUDHARY</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404541</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404542

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179274

UP-BAGHPAT

Last Roll No.: 32048034

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: RAMAN DEEP SINGH

Father's Name: SUKHVINDER SINGH

Course Code: DEE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN ELECTRICAL ENGINEERING

### PAPER-CODE(S) AND NAME(S)

Tick to select

1 DEE210-COMMUNICATION SKILLS-I

2 DEE220-APPLIED MATHEMATICS-II

3 DEE230-APPLIED PHYSICS-II

4 DEE240-ENGINEERING DRAWING

5 NA

6 NA

7 NA

8 NA

9 NA

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404542

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404543

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179272</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048035</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAVI KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>RAJU</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404543</b>  Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404546

Enrolment No.:	<b>Provisional</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32048036</b>	<input type="text" value="Last exam centre city"/>	
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SONU KUMAR</b>		Student Signature
Father's Name:	<b>SUKHAPAL SINGH</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>2</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404546</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404548

Enrolment No.:	<b>IASE/2/13/D/179273</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32048037</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>VINIT</b>	<input type="text" value="Student Signature"/>	
Father's Name:	<b>MAGERAM</b>		
Course Code:	<b>DEE-N</b> Sem /Year <b>2</b>		
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404548</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404539

Enrolment No.:	IASE/2/13/D/179268	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32048115	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	ANUJ KUMAR		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;"></div> Student Signature
Father's Name:	KANVAR PAL		
Course Code:	DEE-N	Sem /Year 2	
Course Name:	DIPLOMA IN ELECTRICAL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404539</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404538

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179269</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32048116</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>NISHU TOMAR</b>		Student Signature
<b>Father's Name:</b>	<b>BRAHMPAL SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DEE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DEE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DEE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404538</b>
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_____	Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404551

Enrolment No.:	<b>IASE/2/13/D/179291</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32048117</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>VIPIN KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>RAMPHAL</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404551</b>
	Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404560

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179288</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32056179</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>ANIL KUMAR</b>	Student Signature		
<b>Father's Name:</b>	<b>RADHESHYAM</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404560</b>
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_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404552

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179281**

**UP-BAGHPAT**

Last Roll No.: **32056180**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ANKIT PANWAR**

Father's Name: **MAHENDRA SINGH**

Course Code: **DEE-N**

Sem /Year **4**

Student Signature

Course Name: **DIPLOMA IN ELECTRICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404552**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404566

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179290

UP-BAGHPAT

Last Roll No.: 32056181

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ANU CHAUDHARY

Father's Name: OMPAL SINGH

Course Code: DEE-N

Sem /Year 4

Course Name: DIPLOMA IN ELECTRICAL ENGINEERING

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404566

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404567

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179278</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056182</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>ANUJ KUMAR</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>RAJPAL SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404567</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404568

Enrolment No.:	<b>IASE/2/13/D/179285</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056183</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>ASHU SHARMA</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>HARIDUTT SHARMA</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404568</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**





**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404554

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179282</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056185</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>HANSDIP</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">             Student Signature           </div>
<b>Father's Name:</b>	<b>HARBIR SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404554</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404561

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179283</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056186</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>HIMANSHU SHARMA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>PERMANAND SHARMA</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404561</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404562

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179287</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056187</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>MANOJ KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>SURENDRA PAL</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

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<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404562</b>   Received date and seal
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# Re-Registration Form

Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
Session: JUNE-2014

Form No. : JA-404570

Enrolment No.:	IASE/2/13/D/179295	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32056188	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	PRAVEEN KUMAR		
Father's Name:	DARYAV SINGH		
Course Code:	DEE-N	Sem /Year 4	<div style="border: 1px solid black; padding: 5px; width: 100%;">Student Signature</div>
Course Name:	DIPLOMA IN ELECTRICAL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N

**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404570</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404563

Enrolment No.:	<b>Provisional</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056189</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>RAHUL</b>	<input type="text" value="Student Signature"/>	
Father's Name:	<b>VIRENDRA SINGH</b>		
Course Code:	<b>DEE-N</b> Sem /Year <b>4</b>		
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404563</b>
	Received date and seal

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**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404571

Enrolment No.:	<b>IASE/2/13/D/179286</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056190</b>	<input type="text" value="Last exam centre city"/>	
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>RAHUL KUMAR</b>		Student Signature
Father's Name:	<b>NEKI RAM</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. :</b> JA-404571   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404549

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179289</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056191</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ROHIT KUMAR</b>		
<b>Father's Name:</b>	<b>DHARAMVEER SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	Student Signature
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404549</b>   Received date and seal
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404564

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179280</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056192</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>SACHIN KUMAR</b>		<input style="width:100%; height: 30px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>SORAJ SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. :</b> <b>JA-404564</b>   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404572

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179284</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056193</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SHUBHAM SINGH</b>		Student Signature
<b>Father's Name:</b>	<b>GOPAL SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404572</b>
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_____	
_____	Received date and seal

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**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404550

Enrolment No.:	<b>IASE/2/13/D/179279</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056194</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>VIPUL CHANDANA</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>RAMPYARE RAM</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404550</b>   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404573

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171813</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056195</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>AJAY DINKAR</b>		Student Signature
<b>Father's Name:</b>	<b>BHAIYA LAL</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404573</b>
_____	
_____	
_____	Received date and seal

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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404574

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171819</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056196</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>AJIT SINGH</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>RISHI PAL</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. :</b> <b>JA-404574</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404553

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171822</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056197</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%; height:20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>ARUN</b>		<input style="width:100%; height:30px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>OMBIR SINGH</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404553</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404555

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171814</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32056198</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>BHUPENDRA</b>		Student Signature
<b>Father's Name:</b>	<b>TEK CHAND</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404555</b>
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_____	Received date and seal

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Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404556

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171816</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32056199</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input type="text"/>			
<b>Candidate's Name:</b>	<b>DEEPAK</b>	<input type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>MANGAY RAM</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404556</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Received date and seal

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**Session: JUNE-2014**

Form No. : JA-404558

Enrolment No.:	IASE/2/12/D/171820	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32056200	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name: <b>INDRAJEET KUMAR GAUTAM</b>			
Father's Name:	KAILASH RAM	<div style="border: 1px solid black; padding: 5px; width: 100%;">Student Signature</div>	
Course Code:	DEE-N		
Course Name:	DIPLOMA IN ELECTRICAL ENGINEERING		
		Sem /Year	4

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404558</b>   Received date and seal
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**Session: JUNE-2014**

Form No. : JA-404559

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171817</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32056201</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>KULDEEP</b>	Student Signature		
<b>Father's Name:</b>	<b>JAIVESH</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

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<b>Comments :</b>	<b>Form No. : JA-404559</b>
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_____	
_____	
_____	Received date and seal

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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404575

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171821</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32056202</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>RAHUL KUMAR</b>	Student Signature		
<b>Father's Name:</b>	<b>PAWAN KUMAR</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

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<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404575</b>   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404565

Enrolment No.:	<b>IASE/2/12/D/176950</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056203</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SUNIL</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>RAMESH MISHRA</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404565</b>
	Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404576

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179294</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32056395</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>RAVIT KUMAR</b>	Student Signature		
<b>Father's Name:</b>	<b>RAVINDER KUMAR</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404576</b>
_____	
_____	
_____	Received date and seal

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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404557

Enrolment No.:	<b>IASE/2/13/D/179293</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056396</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SACHIN KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>KIRSHAN PAL</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404557</b>   Received date and seal
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**Session: JUNE-2014**

Form No. : JA-404577

Enrolment No.:	<b>IASE/2/13/D/179292</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32056397</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>VIKAS DIXIT</b>	<input type="text" value="Student Signature"/>	
Father's Name:	<b>ASHOK DIXIT</b>		
Course Code:	<b>DEE-N</b> Sem /Year <b>4</b>		
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DEE420-ELECTRICAL MACHINES-I	<input type="checkbox"/>
3 DEE430-BASIC ELECTRONICS	<input type="checkbox"/>
4 DEE440-ELECTRICAL MEASUREMENT AND MEASURING INSTRUMENTS	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404577</b>
	Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404578

<b>Enrolment No.:</b>	<b>IASE/2/11/D/170083</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32060162</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>DEEPAK KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SUBHASH CHANDRA</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>5</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE510-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DEE520-ELECTRICAL MACHINES-II	<input type="checkbox"/>
3 DEE530-ELECTRONIC DEVICES AND CIRCUITS	<input type="checkbox"/>
4 DEE540-ELECTRICAL POWER-I (TRANSMISSION AND DISTRIBUTION)	<input type="checkbox"/>
5 DEE550-ELECTRICAL ENGINEERING DRAWING-II	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404578</b>  Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404593

Enrolment No.:	<b>IASE/2/11/D/153232</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32064411</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>ALOK KUMAR SHARMA</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>ABHIMANYU SHARMA</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404593</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/09/J/15497</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32064412</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ASHWANI KUMAR</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">             Student Signature           </div>
<b>Father's Name:</b>	<b>RAGHUNATH</b>		
<b>Course Code:</b>	<b>DEE (N)</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404536</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404585

Enrolment No.:	<b>IASE/2/12/D/171831</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32064413</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:				
Candidate's Name:	<b>GAURAV KUMAR</b>	Student Signature		
Father's Name:	<b>ASHOK KUMAR</b>			
Course Code:	<b>DEE-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404585</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404580

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171828</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32064414</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>GOURAV VERMA</b>		Student Signature
<b>Father's Name:</b>	<b>RAKESH VERMA</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404580</b>
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_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404589

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153234</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32064415</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>HARENDAR</b>	Student Signature		
<b>Father's Name:</b>	<b>PHUL SINGH</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>6</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404589</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404590

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/11/D/153238**

**UP-BAGHPAT**

Last Roll No.: **32064416**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **JONY**

Father's Name: **SURESH KUMAR**

Course Code: **DEE-N**

Sem /Year **6**

Course Name: **DIPLOMA IN ELECTRICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404590**

Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404591

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171829</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32064417</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input type="text"/>			
<b>Candidate's Name:</b>	<b>MANISH</b>	<input type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>NARESH PAL</b>			
<b>Course Code:</b>	<b>DEE-N</b>			Sem /Year <b>6</b>
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404591</b>
<input type="text"/> <input type="text"/> <input type="text"/>	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404592

Enrolment No.:	<b>IASE/2/11/D/153235</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32064418</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>MOHD SHAHID KHAN</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>MD KAMIL</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. :</b> JA-404592  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404587

Enrolment No.: **IASE/2/11/D/153237**

**UP-BAGHPAT**

Last Roll No.: **32064419**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **MUKESH KUMAR**

Father's Name: **RAMEHAR SINGH**

Course Code: **DEE-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN ELECTRICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

**For office use only**

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404587**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404581

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171826</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32064420</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>NIRAJ KUMAR RAI</b>		Student Signature
<b>Father's Name:</b>	<b>JAGDAMBA RAI</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404581</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404588

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171823</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32064421</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>PANKAJ KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>SHYAM KUMAR</b>		
<b>Course Code:</b>	<b>DEE-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404588</b>   Received date and seal
--	---

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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404583

Enrolment No.:	<b>IASE/2/12/D/171824</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32064422</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>ROHIT KUMAR</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>ANIL KUMAR</b>			
Course Code:	<b>DEE-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404583</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404579

Enrolment No.: **IASE/2/12/D/171830**

**UP-BAGHPAT**

Last Roll No.: **32064423**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **SANDEEP MALIK**

Father's Name: **PREM SINGH MALIK**

Course Code: **DEE-N**

Sem /Year **6**

Course Name: **DIPLOMA IN ELECTRICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

**For office use only**

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404579**

Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404586

Enrolment No.:	<b>IASE/2/12/D/171827</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32064424</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SHANKAR LAL POONIA</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>JAGADISH PRASAD POONIA</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404586</b>
	Received date and seal

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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404582

Enrolment No.:	<b>IASE/2/11/D/153233</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32064425</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>UMESH KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>BIJEPAL SINGH</b>		
Course Code:	<b>DEE-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404582</b>   Received date and seal
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 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404584

Enrolment No.:	<b>IASE/2/12/D/176951</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32064886</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>VEER SINGH</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>RAJ PAL SINGH</b>			
Course Code:	<b>DEE-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN ELECTRICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DEE610-POWER ELECTRONICS-I	<input type="checkbox"/>
2 DEE620-ELECTRICAL POWER-II	<input type="checkbox"/>
3 DEE630-UTILISATION OF ELECTRICAL ENERGY	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404584</b>
	Received date and seal

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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404599

Enrolment No.:	<b>IASE/2/13/D/179301</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32072086</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:				
Candidate's Name:	<b>ABHISHEK SHARMA</b>	Student Signature		
Father's Name:	<b>MADAN PAL SHARMA</b>			
Course Code:	<b>DME-N</b>			Sem /Year <b>2</b>
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404599</b>
	Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404604

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179302</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072087</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>AHTESHAM</b>		Student Signature
<b>Father's Name:</b>	<b>MO YAMEEN</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404604</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404605

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179319</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072088</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>AJAY KUMAR</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>AJIT SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404605</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404607

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179321**

**UP-BAGHPAT**

Last Roll No.: **32072089**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **AKASH**

Father's Name: **SATISH KUMAR**

Course Code: **DME-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404607**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404600

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32072090</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>ANIL GIRI</b>	Student Signature		
<b>Father's Name:</b>	<b>DINESH GIRI</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>2</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404600</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404608

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179296</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072091</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>DEEPAK KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>RAHATU LAL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404608</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404615

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179306</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072092</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>HIMANSHU</b>		Student Signature
<b>Father's Name:</b>	<b>SATISH CHAND YADAV</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404615</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404609

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179305

UP-BAGHPAT

Last Roll No.: 32072093

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: JYOTI CHOUDHARY

Father's Name: SHAILENDRA CHOUDHARY

Course Code: DME-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404609

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404451

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179233

UP-BAGHPAT

Last Roll No.: 32072094

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: MOHIT BHATI

Father's Name: RAMPAT

Course Code: DCE-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN CIVIL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCE210-COMMUNICATION SKILLS	<input type="checkbox"/>
2 DCE220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCE230-APPLIED PHYSICS-II	<input type="checkbox"/>
4 DCE240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

DD MM YY

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404451

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404594

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179297</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072095</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MOHIT KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>SUSHIL KUMAR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404594</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404610

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179303</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072096</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>NEERAJ KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>RAJESH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

<b>PAPER-CODE(S) AND NAME(S)</b>	<b>Tick to select</b>
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404610</b>   Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404616

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179300</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072097</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>PANKAJ KUMAR NIMESH</b>		Student Signature
<b>Father's Name:</b>	<b>ROOPCHAND</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404616</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404597

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179308

UP-BAGHPAT

Last Roll No.: 32072098

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: PARVEEN

Father's Name: MAHA VIR SINGH

Course Code: DME-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404597

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404611

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179322**

UP-BAGHPAT

Last Roll No.: **32072099**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **PRAVEEN KUMAR**

Father's Name: **BABU RAM**

Course Code: **DME-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404611

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404612

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179320**

UP-BAGHPAT

Last Roll No.: **32072100**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **RAHUL KUMAR**

Father's Name: **MAHAK SINGH**

Course Code: **DME-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404612**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404613

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179304</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072101</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAJAT MADHRE</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;">             Student Signature           </div>
<b>Father's Name:</b>	<b>SITA RAM</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404613</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404601

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179299

UP-BAGHPAT

Last Roll No.: 32072102

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ROHIT KUMAR KOHLI

Father's Name: OM PRAKASH KOHLI

Course Code: DME-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404601

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404598

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179315</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072103</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SACHIN BHATI</b>		Student Signature
<b>Father's Name:</b>	<b>KARTAR SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404598</b>   Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404602

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179317</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072104</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SAJEEV KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>BABU RAM</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404602</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404614

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179318</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072105</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SHEKHAR</b>		Student Signature
<b>Father's Name:</b>	<b>JAIBHAGWAN</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404614</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404606

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179323</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072106</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SHRIPAL</b>		Student Signature
<b>Father's Name:</b>	<b>SHRIRAM SAINI</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404606</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404617

<b>Enrolment No.:</b>	<b>Provisional</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072107</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>SONU</b>		
<b>Father's Name:</b>	<b>CHATRU SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	<input style="width:100%;" type="text" value="Student Signature"/>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404617</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404618

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179314

UP-BAGHPAT

Last Roll No.: 32072108

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SURAJ KUMAR

Father's Name: RAMKUMAR

Course Code: DME-N

Sem /Year 2

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : JA-404618

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404619

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179316

UP-BAGHPAT

Last Roll No.: 32072109

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: VIJAY AHALAWAT

Father's Name: ANANG PAL

Course Code: DME-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404619

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



# Re-Registration Form

Form No. : JA-404603

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179307**

**UP-BAGHPAT**

Last Roll No.: **32072110**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **VIKASH**

Father's Name: **BIJENDRA**

Course Code: **DME-N**

Sem /Year **2**

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404603**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404622

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179298</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072111</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>VIPIN KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>SUSHIL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404622</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404595

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179310</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32072295</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>ANKUR YADAV</b>	Student Signature		
<b>Father's Name:</b>	<b>OM KAR SINGH</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>2</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404595</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404623

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179309

UP-BAGHPAT

Last Roll No.: 32072296

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: RAHUL KUMAR

Father's Name: BHAGWAN DAS

Course Code: DME-N

Sem /Year 2

Student Signature

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404623

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404620

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179312</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072297</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAHUL KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>BALRAJ</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404620</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404596

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179311</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32072298</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>VIPIN</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Student Signature
<b>Father's Name:</b>	<b>DHARM VEER</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404596</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404624

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171833**

**UP-BAGHPAT**

Last Roll No.: **32076125**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **BABAR KHAN**

Father's Name: **SHARJAHA**

Course Code: **DME-N**

Sem /Year **3**

Student Signature

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME310-COMPUTER APPLICATIONS-I	<input type="checkbox"/>
2 DME320-APPLIED MECHANICS	<input type="checkbox"/>
3 DME330-ELECTRICAL & ELECTRONICS ENGINEERING	<input type="checkbox"/>
4 DME340-MECHANICAL ENGINEERING DRAWING-I	<input type="checkbox"/>
5 DME350-MATERIAL SCIENCE	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : **JA-404624**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404645

Enrolment No.:	<b>IASE/2/13/D/179325</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32080494</b>	<input type="text" value="Last exam centre city"/>		
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>ADITYA KUMAR</b>	Student Signature		
Father's Name:	<b>DESHPAL SINGH</b>			
Course Code:	<b>DME-N</b>			Sem /Year <b>4</b>
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404645</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404625

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32080495</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>			
<b>Candidate's Name:</b>	<b>AMIT KUMAR</b>	Student Signature		
<b>Father's Name:</b>	<b>KRISHAN PAL</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404625</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404652

<b>Enrolment No.:</b> IASE/2/13/D/179327	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b> 32080496	<input type="text" value="Last exam centre city"/>		
<b>Centre Code:</b> CCS	<input type="text" value="Change if any"/>		
<b>Centre Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Candidate's Name:</b> AMIT KUMAR	<input style="width: 100%; height: 40px;" type="text" value="Student Signature"/>		
<b>Father's Name:</b> SUBHASH SINGH			
<b>Course Code:</b> DME-N			Sem /Year 4
<b>Course Name:</b> DIPLOMA IN MECHANICAL ENGINEERING			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404652</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404646

Enrolment No.:	<b>IASE/2/13/D/179335</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32080497</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>AMRESHWAR CHAUHAN</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>HARISH CHAUHAN</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404646</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404630

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080498</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>ASHIS KUMAR TIWARI</b>		Student Signature
<b>Father's Name:</b>	<b>UPENDRA NATH TIWARI</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404630</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404647

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179337</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080499</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>DEEPAK KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>KRISHAN PAL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404647</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404628

<b>Enrolment No.:</b>	<b>IASE/2/08/J/13866</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32080500</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>GAGAN</b>	Student Signature		
<b>Father's Name:</b>	<b>TAJPAL</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404628</b>
_____	
_____	
_____	
_____	Received date and seal

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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404632

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179328</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080501</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>HIMANSHU</b>		Student Signature
<b>Father's Name:</b>	<b>KAWARPAL SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

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<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404632</b>  Received date and seal
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404626

Enrolment No.:	<b>IASE/2/13/D/179343</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32080502</b>	<input type="text" value="Last exam centre city"/>	
Centre Code:	<b>CCS</b>	<input type="text" value="Change if any"/>	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>JITENDRA KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>TARA CHAND</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404626</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404640

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179338</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080503</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>MANMOHAN</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>JITENDRA SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404640</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

## Re-Registration Form

Form No. : JA-404633

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
Session: JUNE-2014

Enrolment No.:	IASE/2/13/D/179340	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32080504	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	MOHD IMRAN		
Father's Name:	SLAUDDEEN		
Course Code:	DME-N	Sem /Year 4	Student Signature
Course Name:	DIPLOMA IN MECHANICAL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404633</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404648

Enrolment No.:	IASE/2/13/D/179342	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32080505	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	PRABHAT KUMAR		
Father's Name:	KISHAN SINGH		
Course Code:	DME-N	Sem /Year 4	Student Signature
Course Name:	DIPLOMA IN MECHANICAL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404648</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404649

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179330</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080506</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>PRADEEP KUMAR YADAV</b>		Student Signature
<b>Father's Name:</b>	<b>JAWAHAR YADAV</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404649</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404641

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179336</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080507</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAHUL</b>		Student Signature
<b>Father's Name:</b>	<b>RAJENDRA SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404642

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179329</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080508</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAVI KUMAR</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">             Student Signature           </div>
<b>Father's Name:</b>	<b>OMKAR SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404642</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404643

<b>Enrolment No.:</b>	<b>IASE/2/09/J/15529</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080509</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SACHIN</b>		Student Signature
<b>Father's Name:</b>	<b>FATEH SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404643</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404644

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179324</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080510</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SACHIN KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>DEVENDRA SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404644</b>
_____	
_____	
_____	
_____	Received date and seal

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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404634

Enrolment No.:	<b>IASE/2/13/D/179341</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32080511</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>SALIM</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>GAYYUR ALI</b>			
Course Code:	<b>DME-N</b>			Sem /Year <b>4</b>
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404634</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404637

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179326</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080512</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SONU PANWAR</b>		Student Signature
<b>Father's Name:</b>	<b>JAI PRAKASH PANWAR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404637</b>  Received date and seal
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**Session: JUNE-2014**

Form No. : JA-404653

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179331</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080513</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SONU YADAV</b>		Student Signature
<b>Father's Name:</b>	<b>SATYVEER SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404653</b>  Received date and seal
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404660

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179339</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080514</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>SUDEEP TOMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SUBASH SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404660</b>  Received date and seal
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# Re-Registration Form

Form No. : JA-404650

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/13/D/179334

UP-BAGHPAT

Last Roll No.: 32080515

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: SUMIT PAL

Father's Name: PAL SINGH PAL

Course Code: DME-N

Sem /Year 4

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404650

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404635

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179332</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080516</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>SURAJ</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>ASHOK KAUSHIK</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404635</b>  Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404636

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179333</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080517</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>VIKASH KUMAR</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>DHARMPAL SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404636</b>   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404661

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171842</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080518</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ANKUR KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>KUSHAL PAL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404661</b>   Received date and seal
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404654

Enrolment No.:	<b>IASE/2/12/D/171838</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32080519</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>ANKUSH PANWAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>RAVINDRA PANWAR</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404654</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404662

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171851</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080520</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ARBIND KUMAR SINGH</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>RAMAKANT SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**  Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404662</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404663

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171847</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080521</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ARVIND KUMAR SAINI</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SURESH CHAND</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404663</b>  Received date and seal
---	---

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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404638

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171850</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32080522</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input type="text"/>			
<b>Candidate's Name:</b>	<b>AVINASH</b>	<input type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>BALKISHAN</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404638</b>  Received date and seal
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404664

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171849</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080523</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>GOPAL SINGH</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>BAL KISHAN SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404664</b>   Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404651

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171834</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080524</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>HARENDRA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>JAI PRAKASH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404651</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404631

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171844</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080525</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>HEDAR KHAN</b>		<input style="width:100%; height: 40px;" type="text"/> Student Signature
<b>Father's Name:</b>	<b>SHAHID KHAN</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404631</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404629

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171841</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080526</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>JONI KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SALEK CHAND</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404629</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404665

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171837</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080527</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MANOJ SHARMA</b>		Student Signature
<b>Father's Name:</b>	<b>TEJPAL SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404665</b>
_____	
_____	
_____	
_____	Received date and seal

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**Re-Registration Form**  
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404666

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171843</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32080528</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>MASROOF ALAM</b>	Student Signature		
<b>Father's Name:</b>	<b>IRSHAD AHAMAD</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>4</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404666</b>  Received date and seal
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**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404667

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171835</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080529</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>NAVEEN</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">             Student Signature           </div>
<b>Father's Name:</b>	<b>RAKESH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404667</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404656

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171852</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080530</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>PANKAJ SHARMA</b>		Student Signature
<b>Father's Name:</b>	<b>KRISHAN GOPAL SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404656</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404657

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171840</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080531</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>RAJA SHARMA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>NARENDRA SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404657</b>   Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404639

Enrolment No.:	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32080532</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SAGAR KHALIYAN</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>BIJENDRA SINGH</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>4</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404639</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404658

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171846</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080533</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SAURABH</b>		Student Signature
<b>Father's Name:</b>	<b>SANJAY KUMAR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404658</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404627

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171845**

**UP-BAGHPAT**

Last Roll No.: **32080534**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **VIPIN KUMAR**

Father's Name: **SURESH CHAND**

Course Code: **DME-N**

Sem /Year **4**

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404627**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404659

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171836</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32080535</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>VIPIN SHARMA</b>		Student Signature
<b>Father's Name:</b>	<b>SATYA KUMAR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404659</b>  Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404621

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179313</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32081286</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ANKUSH</b>		Student Signature
<b>Father's Name:</b>	<b>SUNIL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME210-COMMUNICATION SKILLS-I	<input type="checkbox"/>
2 DME220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DME230-APPLIED PHYSICS	<input type="checkbox"/>
4 DME240-ENGINEERING DRAWING	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404621</b>  Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404655

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171839</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32081287</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>WAZID ALI</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>ALLAHA MEHAR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>4</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME410-COMPUTER APPLICATIONS-II	<input type="checkbox"/>
2 DME420-THERMODYNAMICS-I	<input type="checkbox"/>
3 DME430-STRENGTH OF MATERIALS	<input type="checkbox"/>
4 DME440-WORKSHOP TECHNOLOGY-I	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404655</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404668

<b>Enrolment No.:</b>	<b>IASE/2/12/J/168235</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32084289</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ARVIND</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>MADAN MOHAN GUARI</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>5</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

<b>PAPER-CODE(S) AND NAME(S)</b>	<b>Tick to select</b>
1 DME510-FLUID MECHANICS	<input type="checkbox"/>
2 DME520-THERMODYNAMICS-II	<input type="checkbox"/>
3 DME530-INDUSTRIAL ECONOMY AND PRINCIPLE OF MANAGEMENT	<input type="checkbox"/>
4 DME540-AUTOMOBILE ENGINEERING	<input type="checkbox"/>
5 DME550-PRODUCTION MANAGEMENT	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404668</b>   Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form** Form No. : JA-404670  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Enrolment No.:	IASE/2/12/J/170109	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32084290	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	JITENDRA KUMAR		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;"></div> Student Signature
Father's Name:	RATAN PAL		
Course Code:	DME-N	Sem /Year 5	
Course Name:	DIPLOMA IN MECHANICAL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME510-FLUID MECHANICS	<input type="checkbox"/>
2 DME520-THERMODYNAMICS-II	<input type="checkbox"/>
3 DME530-INDUSTRIAL ECONOMY AND PRINCIPLE OF MANAGEMENT	<input type="checkbox"/>
4 DME540-AUTOMOBILE ENGINEERING	<input type="checkbox"/>
5 DME550-PRODUCTION MANAGEMENT	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404670</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form** Form No. : JA-404669  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

<b>Enrolment No.:</b>	<b>IASE/2/13/J/177713</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32084291</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SACHIN KUMAR</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">             Student Signature           </div>
<b>Father's Name:</b>	<b>JAGDEESH PRASAD</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>5</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME510-FLUID MECHANICS	<input type="checkbox"/>
2 DME520-THERMODYNAMICS-II	<input type="checkbox"/>
3 DME530-INDUSTRIAL ECONOMY AND PRINCIPLE OF MANAGEMENT	<input type="checkbox"/>
4 DME540-AUTOMOBILE ENGINEERING	<input type="checkbox"/>
5 DME550-PRODUCTION MANAGEMENT	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404669</b>   Received date and seal
---	---

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404676

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153268</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089227</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>AARIF KHAN</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>BABU KHAN</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404676</b>  Received date and seal
---	---

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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404691

Enrolment No.:	<b>IASE/2/11/D/153270</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32089228</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>ABID</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>MOHD ISHAQ</b>			
Course Code:	<b>DME-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404691</b>
	Received date and seal

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**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404673

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153257</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089229</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ANKIT KUMAR</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>OMPAL SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404673</b>  Received date and seal
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**Re-Registration Form**  
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404683

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171871</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089230</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ANKIT PUNDEER</b>		Student Signature
<b>Father's Name:</b>	<b>JANG BAHADUR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404683</b>   Received date and seal
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<b>Enrolment No.:</b>	<b>IASE/2/11/D/153263</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089231</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ANKUR MALIK</b>		<div style="border: 1px solid black; padding: 5px; width: 100%;">Student Signature</div>
<b>Father's Name:</b>	<b>OM SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404679</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404692

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171855</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089232</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ARYAN</b>		Student Signature
<b>Father's Name:</b>	<b>RAMMEHAR SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404692</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404693

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153251</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089233</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>ASHISH KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>RAMESH CHAND</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404693</b>
_____	
_____	
_____	
_____	Received date and seal

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**Re-Registration Form**  
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 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
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Form No. : JA-404694

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171865</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089234</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>AVILOK SHARMA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>RAM SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**  Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404694</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Received date and seal

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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404674

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171853</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32089235</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>				
<b>Candidate's Name:</b>	<b>HARMESH</b>	Student Signature		
<b>Father's Name:</b>	<b>RISHIPAL</b>			
<b>Course Code:</b>	<b>DME-N</b>			Sem /Year <b>6</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	Signature of student (in full)
Signature of centre Head/Director	

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404674</b>
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_____	
_____	Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404684

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089236</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>HUNNY KHOKHER</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>TEJPAL SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404684</b>   Received date and seal
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**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404695

Enrolment No.:	<b>IASE/2/12/D/171870</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32089237</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>MANISH KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>OMBIR</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404695</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/11/D/153253</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089238</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MANMOHIT KUMAR BABRA</b>		<div style="border: 1px solid black; padding: 5px; width: 100%;">Student Signature</div>
<b>Father's Name:</b>	<b>VIJAY PAL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404687</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404685

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171876**

**UP-BAGHPAT**

Last Roll No.: **32089239**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **MOHIT**

Father's Name: **KRISHAN PAL**

Course Code: **DME-N**

Sem /Year **6**

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404685**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404686

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171875</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089240</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MOHIT KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>SURENDRA SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404686</b>
_____	
_____	
_____	
_____	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404671

Enrolment No.: **IASE/2/12/D/171874**

**UP-BAGHPAT**

Last Roll No.: **32089241**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

\_\_\_\_\_

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **MOHMOD INTJAR**

Father's Name: **ISLAMU DEEN**

Course Code: **DME-N**

Sem /Year **6**

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

\_\_\_\_\_

Date of birth:

E-Mail ID:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

**For office use only**

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404671**

Received date and seal

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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404688

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171859</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089242</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>MONU</b>		
<b>Father's Name:</b>	<b>INDRA PAL</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year	<b>6</b>
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		
			Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404688</b>  Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404696

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089243</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>NAVNEET KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>DHEERENDER KUMAR</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**

**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404696</b>   Received date and seal
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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404701

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171857</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089244</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>NAVNEET UJJWAL</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SHIV CHARAN</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404701</b>
<input type="text"/> <input type="text"/> <input type="text"/>	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404702

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171854</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089245</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>NEERAJ KUMAR SINGH</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>DHRAMVEER SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404702</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404703

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153246</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089246</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>NITIN SHARMA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SANJAY KUMAR SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404703</b>  Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404677

Enrolment No.:	<b>IASE/2/12/D/171860</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32089247</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>PANKAJ KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>DEVI SINGH</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**  Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404677</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

## Re-Registration Form

Form No. : JA-404704

Session: JUNE-2014

Enrolment No.: IASE/2/11/D/153271

UP-BAGHPAT

Last Roll No.: 32089248

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: PRADEEP KUMAR

Father's Name: PREETAM SINGH

Course Code: DME-N

Sem /Year 6

Student Signature

Course Name: DIPLOMA IN MECHANICAL ENGINEERING

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404704

Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404705

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171864</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089249</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>PRASHANT SHARMA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>SATYENDRA SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404705</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404706

<b>Enrolment No.:</b>	<b>IASE/2/11/D/153256</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089250</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>PUSHPENDAR</b>		Student Signature
<b>Father's Name:</b>	<b>RANDHEER SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404706</b>   Received date and seal
---	---

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
 Institute of Advanced Studies in Education (IASE) Deemed University  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404707

Enrolment No.:	<b>IASE/2/11/D/153266</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
Last Roll No.:	<b>32089251</b>	Last exam centre city		
Centre Code:	<b>CCS</b>	Change if any		
Centre Name:	<input type="text"/>			
Candidate's Name:	<b>RAHUL</b>	<input type="text" value="Student Signature"/>		
Father's Name:	<b>SHER SINGH</b>			
Course Code:	<b>DME-N</b>			Sem /Year <b>6</b>
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404707</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404678

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171873</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089252</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
<b>Candidate's Name:</b>	<b>RAJEEV KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>RAM SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404678</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**iase**  
Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

## Re-Registration Form

Form No. : JA-404708

Session: JUNE-2014

Enrolment No.: **IASE/2/11/D/153269**

UP-BAGHPAT

Last Roll No.: **32089253**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **RAMSHABD VISHWAKARMA**

Father's Name: **VINDHYACHAL**

Course Code: **DME-N**

Sem /Year **6**

Student Signature

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404708

Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



<b>Enrolment No.:</b>	<b>IASE/2/12/D/171863</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089254</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAQIB ALI</b>		Student Signature
<b>Father's Name:</b>	<b>WAKAT ALI</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404681</b>   Received date and seal
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<b>Enrolment No.:</b>	<b>IASE/2/12/D/171867</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089255</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RAVIKANT TYAGI</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">             Student Signature           </div>
<b>Father's Name:</b>	<b>DEVENDRA TYAGI</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404680</b>   Received date and seal
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<b>Enrolment No.:</b>	<b>IASE/2/12/D/171868</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089256</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>RIJWAN</b>		Student Signature
<b>Father's Name:</b>	<b>HASMAT KHAN</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404697</b>   Received date and seal
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# Re-Registration Form

Form No. : JA-404689

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/12/D/171858**

**UP-BAGHPAT**

Last Roll No.: **32089257**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **ROBIN MALIK**

Father's Name: **SURENDRA SINGH**

Course Code: **DME-N**

Sem /Year **6**

Course Name: **DIPLOMA IN MECHANICAL ENGINEERING**

Student Signature

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

  
  
  

Form No. : **JA-404689**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



<b>Enrolment No.:</b>	<b>IASE/2/11/D/153265</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089258</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>	
<b>Centre Name:</b>	<input style="width: 100%;" type="text"/>		
<b>Candidate's Name:</b>	<b>ROHIT SINGH</b>		<input style="width: 100%; height: 40px;" type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>LALLAN SINGH</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404682</b>   Received date and seal
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<b>Enrolment No.:</b>	<b>IASE/2/11/D/153258</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089259</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>SACHIN KUMAR</b>		Student Signature
<b>Father's Name:</b>	<b>PREAM CHANDER</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404698</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404672

Enrolment No.:	<b>IASE/2/12/D/171866</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32089260</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SAGAR NIRWAL</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>RANVEER</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404672</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



Enrolment No.:	IASE/2/12/D/171862	UP-BAGHPAT	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	32089261	Last exam centre city	
Centre Code:	CCS	Change if any	
Centre Name:			
Candidate's Name:	SANDEEP KUMAR		<div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;">             Student Signature           </div>
Father's Name:	SITA RAM DHEEMAN		
Course Code:	DME-N	Sem /Year 6	
Course Name:	DIPLOMA IN MECHANICAL ENGINEERING		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
--	---

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404699</b>   Received date and seal
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**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404675

Enrolment No.:	<b>IASE/2/12/D/171856</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32089262</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SHUBHAM NIRWAL</b>		
Father's Name:	<b>RAMAVTAR</b>		<input type="text"/>
Course Code:	<b>DME-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404675</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



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Institute of Advanced Studies in Education (IASE) Deemed University

**Re-Registration Form**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404700

Enrolment No.:	<b>IASE/2/11/D/153250</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32089263</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:	<input type="text"/>		
Candidate's Name:	<b>SUMIT KUMAR</b>		<input type="text" value="Student Signature"/>
Father's Name:	<b>SATISH KUMAR</b>		
Course Code:	<b>DME-N</b>	Sem /Year <b>6</b>	
Course Name:	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404700</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form** Form No. : JA-404690  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

<b>Enrolment No.:</b>	<b>IASE/2/12/D/171869</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32089264</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>VIKAS BHARDWAJ</b>		<div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;">Student Signature</div>
<b>Father's Name:</b>	<b>KRISHAN GOPAL SHARMA</b>		
<b>Course Code:</b>	<b>DME-N</b>	Sem /Year <b>6</b>	
<b>Course Name:</b>	<b>DIPLOMA IN MECHANICAL ENGINEERING</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DME610-INDUSTRIAL MANAGEMENT	<input type="checkbox"/>
2 DME620-THEORY OF MACHINES	<input type="checkbox"/>
3 DME630-MACHINE DESIGN	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
---	--------------------------------

**For office use only**

<b>Comments :</b> _____ _____ _____ _____	<b>Form No. : JA-404690</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404525

<b>Enrolment No.:</b>	<b>Provisional</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32110870</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>	<input type="text"/>		
<b>Candidate's Name:</b>	<b>ANKITA</b>		<input type="text" value="Student Signature"/>
<b>Father's Name:</b>	<b>TEJPAL SINGH</b>		
<b>Course Code:</b>	<b>DCS-N</b>	Sem /Year <b>2</b>	
<b>Course Name:</b>	<b>DIPLOMA IN COMPUTER SCIENCE</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS210-COMMUNICATION SKILLS-II	<input type="checkbox"/>
2 DCS220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCS230-BASIC ELECTRICAL ENGINEERING	<input type="checkbox"/>
4 DCS240-BASIC ELECTRONICS	<input type="checkbox"/>
5 DCS250-COMPUTER FUNDAMENTALS AND PROGRAMMING IN C	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Form No. : JA-404525</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404526

Enrolment No.:	<b>IASE/2/13/D/179265</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32110871</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:			
Candidate's Name:	<b>ANSHU KUMARI</b>		Student Signature
Father's Name:	<b>KRISHAN PAL</b>		
Course Code:	<b>DCS-N</b>	Sem /Year <b>2</b>	
Course Name:	<b>DIPLOMA IN COMPUTER SCIENCE</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS210-COMMUNICATION SKILLS-II	<input type="checkbox"/>
2 DCS220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCS230-BASIC ELECTRICAL ENGINEERING	<input type="checkbox"/>
4 DCS240-BASIC ELECTRONICS	<input type="checkbox"/>
5 DCS250-COMPUTER FUNDAMENTALS AND PROGRAMMING IN C	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404526</b>
	Received date and seal

**Note:** Discrepancy in particulars, should be pointed out in **RED** ink and inform to the University.



# Re-Registration Form

Form No. : JA-404522

**Institute of Advanced Studies in Education (IASE) Deemed University**  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

**Session: JUNE-2014**

Enrolment No.: **IASE/2/13/D/179266**

**UP-BAGHPAT**

Last Roll No.: **32110872**

Last exam centre city

Centre Code: **CCS**

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: **KIRAN**

Father's Name: **RAMMEHAR SINGH**

Course Code: **DCS-N**

Sem /Year **2**

Student Signature

Course Name: **DIPLOMA IN COMPUTER SCIENCE**

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS210-COMMUNICATION SKILLS-II	<input type="checkbox"/>
2 DCS220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCS230-BASIC ELECTRICAL ENGINEERING	<input type="checkbox"/>
4 DCS240-BASIC ELECTRONICS	<input type="checkbox"/>
5 DCS250-COMPUTER FUNDAMENTALS AND PROGRAMMING IN C	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

\_\_\_\_\_

Signature of student (in full)

\_\_\_\_\_

### For office use only

Comments :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form No. : **JA-404522**

Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404527

Enrolment No.:	<b>IASE/2/13/D/179267</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
Last Roll No.:	<b>32110873</b>	Last exam centre city	
Centre Code:	<b>CCS</b>	Change if any	
Centre Name:			
Candidate's Name:	<b>NIKITA</b>	Student Signature	
Father's Name:	<b>SUNDER LAL</b>		
Course Code:	<b>DCS-N</b> Sem /Year <b>2</b>		
Course Name:	<b>DIPLOMA IN COMPUTER SCIENCE</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS210-COMMUNICATION SKILLS-II	<input type="checkbox"/>
2 DCS220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCS230-BASIC ELECTRICAL ENGINEERING	<input type="checkbox"/>
4 DCS240-BASIC ELECTRONICS	<input type="checkbox"/>
5 DCS250-COMPUTER FUNDAMENTALS AND PROGRAMMING IN C	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404527</b>
	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404523

<b>Enrolment No.:</b>	<b>Provisional</b>	<input type="text" value="UP-BAGHPAT"/>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32110874</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	<input type="text" value="Change if any"/>		
<b>Centre Name:</b>	<input style="width:100%;" type="text"/>			
<b>Candidate's Name:</b>	<b>RESHMA</b>	<input style="width:100%; height: 40px;" type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>BIRJESH</b>			
<b>Course Code:</b>	<b>DCS-N</b>			Sem /Year <b>2</b>
<b>Course Name:</b>	<b>DIPLOMA IN COMPUTER SCIENCE</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS210-COMMUNICATION SKILLS-II	<input type="checkbox"/>
2 DCS220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCS230-BASIC ELECTRICAL ENGINEERING	<input type="checkbox"/>
4 DCS240-BASIC ELECTRONICS	<input type="checkbox"/>
5 DCS250-COMPUTER FUNDAMENTALS AND PROGRAMMING IN C	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**   

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director _____	Signature of student (in full) _____
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404523</b>   Received date and seal
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**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



**Re-Registration Form**  
**Institute of Advanced Studies in Education (IASE) Deemed University**  
 Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
**Session: JUNE-2014**

Form No. : JA-404524

<b>Enrolment No.:</b>	<b>IASE/2/13/D/179264</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD	
<b>Last Roll No.:</b>	<b>32110875</b>	Last exam centre city		
<b>Centre Code:</b>	<b>CCS</b>	Change if any		
<b>Centre Name:</b>	<input type="text"/>			
<b>Candidate's Name:</b>	<b>SUSHMA</b>	<input type="text" value="Student Signature"/>		
<b>Father's Name:</b>	<b>BRIJESH</b>			
<b>Course Code:</b>	<b>DCS-N</b>			Sem /Year <b>2</b>
<b>Course Name:</b>	<b>DIPLOMA IN COMPUTER SCIENCE</b>			

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS210-COMMUNICATION SKILLS-II	<input type="checkbox"/>
2 DCS220-APPLIED MATHEMATICS-II	<input type="checkbox"/>
3 DCS230-BASIC ELECTRICAL ENGINEERING	<input type="checkbox"/>
4 DCS240-BASIC ELECTRONICS	<input type="checkbox"/>
5 DCS250-COMPUTER FUNDAMENTALS AND PROGRAMMING IN C	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:**     **Date of birth:**  DD  MM  YY  YY

**E-Mail ID:**   
**Address:**   
**City:**     **State:**     **Pin:**

**DD No.:**     **DD Date:**     **Bank Name:**   
**Amount (In figures):**     **Amount (In words):**

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre	
Signature of centre Head/Director	Signature of student (in full)

**For office use only**

<b>Comments :</b>	<b>Form No. : JA-404524</b>
<input type="text"/> <input type="text"/> <input type="text"/>	Received date and seal

**Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.**



# Re-Registration Form

Form No. : JA-404528

Institute of Advanced Studies in Education (IASE) Deemed University  
Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India

Session: JUNE-2014

Enrolment No.: IASE/2/12/D/171806

UP-BAGHPAT

Last Roll No.: 32110876

Last exam centre city

Centre Code: CCS

Change if any

Centre Name:

PLEASE PASTE  
CANDIDATE'S  
PHOTOGRAPH

SIGNED BY  
CENTRE HEAD

Candidate's Name: ANKIT KUMAR

Father's Name: MANGHEY RAM

Course Code: DCS-N

Sem /Year 4

Student Signature

Course Name: DIPLOMA IN COMPUTER SCIENCE

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS410-PROGRAMMING IN VISUAL BASIC	<input type="checkbox"/>
2 DCS420-DATA STRUCTURE	<input type="checkbox"/>
3 DCS430-DATABASE MANAGEMENT SYSTEM	<input type="checkbox"/>
4 DCS440-SYSTEM ANALYSIS AND DESIGN	<input type="checkbox"/>
5 DCS450-MICROPROCESSORS	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

### Important Student Information (Must be filled)

Urban  Rural  Married  Unmarried

Physically Handicapped:  Y  N

Category:  GEN  SC  ST  OBC

Gender:  Male  Female

Mobile No.:

Date of birth:

DD MM YY

E-Mail ID:

Address:

City:

State:

Pin:

DD No.: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Amount (In figures): \_\_\_\_\_ Amount (In words): \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre

Signature of centre Head/Director

Signature of student (in full)

### For office use only

Comments :

Form No. : JA-404528

Received date and seal

Note: Discrepancy in particulars, should be pointed out in RED ink and inform to the University.



<b>Enrolment No.:</b>	<b>IASE/2/11/D/153224</b>	<b>UP-BAGHPAT</b>	PLEASE PASTE CANDIDATE'S PHOTOGRAPH  SIGNED BY CENTRE HEAD
<b>Last Roll No.:</b>	<b>32110877</b>	Last exam centre city	
<b>Centre Code:</b>	<b>CCS</b>	Change if any	
<b>Centre Name:</b>			
<b>Candidate's Name:</b>	<b>JITENDER</b>		
<b>Father's Name:</b>	<b>RAMDHEERAJ</b>		
<b>Course Code:</b>	<b>DCS-N</b>	Sem /Year <b>6</b>	Student Signature
<b>Course Name:</b>	<b>DIPLOMA IN COMPUTER SCIENCE</b>		

PAPER-CODE(S) AND NAME(S)	Tick to select
1 DCS610-COMPUTER GRAPHICS	<input type="checkbox"/>
2 DCS620-PC ORGANIZATION	<input type="checkbox"/>
3 DCS630-INSTALLATION AND MAINTENANCE OF COMPUTERS	<input type="checkbox"/>
4 NA	<input type="checkbox"/>
5 NA	<input type="checkbox"/>
6 NA	<input type="checkbox"/>
7 NA	<input type="checkbox"/>
8 NA	<input type="checkbox"/>
9 NA	<input type="checkbox"/>

**Important Student Information (Must be filled)**

Urban     Rural     Married     Unmarried    **Physically Handicapped:**  Y  N  
**Category:**     GEN     SC     ST     OBC    **Gender:**     Male     Female

**Mobile No.:** \_\_\_\_\_ **Date of birth:**   

**E-Mail ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**DD No.:** \_\_\_\_\_ **DD Date:** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_  
**Amount (In figures):** \_\_\_\_\_ **Amount (In words):** \_\_\_\_\_

**Declaration:** Certified that the particulars of student have been checked and are correct as per records.

Seal of study centre  Signature of centre Head/Director	Signature of student (in full)
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**For office use only**

<b>Comments :</b> _____ _____ _____	<b>Form No. : JA-404529</b>   Received date and seal
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