



MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY,
BHOPAL- 462003

CONTINUOUS EVALUATION FORM

Date: _____

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

1. (i) Candidate's Full Name : _____
(in Block Letters)
(ii) Scholar No. : _____
(iii) Category : Gen./SC/ST/OBC/PH. _____
(iv) Day Scholar : _____ Hosteler _____ Room No. _____ Hostel No. _____
2. (i) Name of Father/ Guardian: _____
(ii) Present Address of student _____ (iv) Permanent Address of Parent/ Guardian _____

Mob. No. _____ Father Mob.No. _____
Student Email ID: _____ Father Email ID: _____

3. Record of Backlog subjects:

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

Encl: Copy of Marksheets of all previous semester exams.

Signature of the student

Verification by COE

Recommendation by Dean (Academic)

Head of Department (HOD)

Copy to: AR (Admission)