

EXAMINATION FORM



UMA INSTITUTE OF
MANAGEMENT & TECHNOLOGY

PHOTO

BRANCH CODE

STUDENT'S ROLL

STUDENT NAME

FATHER NAME

MOBILE NO.

DATE OF BIRTH

COURSE NAME

TRAINING PERIOD

SEMESTER'S EXAMINATION DETAILS

I	II	III	IV	V	VI
VII	VIII	IX	X	XI	XII
XIII	XIV	XV	XVI	XVII	SEM. TOTAL
THEORY-I	THEORY-II	PRACTICAL-I	PRACTICAL-II	GRAND TOTAL	

DIRECTOR SIGN

DATE OF ISSUE

STUDENT SIGN

NOTE:- Finally Check Your Spelling, Name & Father's & Mother's Name.

Attach Your High School Certificate Photo Copy

STUDENT ADDRESS

OFFICE MOB. NO. **6393272805**

Website:- www.uimt.in