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**REGISTRATION FORM FOR SEE PAPER VIEWING**  
(NOT APPLICABLE FOR PRACTICALS)

Programme:: BE in \_\_\_\_\_ EXAM :

NAME OF STUDENT:

CONTACT NO:

[illegible]

SEMESTER	COURSE CODE	AMOUNT
	TOTAL	

Bank Challan No and Date

I declare that the information given above is correct: If found incorrect my application for SEE paper viewing may be rejected

Signature of Student

Date:

Receiver Signature::

Signature of  
Head of Department



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**STUDENT COPY**

**SEE**

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