



An ISO 9001 : 2008 CERTIFIED INSTITUTE

# TIMES

(Institute of Technology & Management )

## EXAMINATION FORM

Registration No. :- \_\_\_\_\_ Roll no. :- \_\_\_\_\_

Examination Fee :- \_\_\_\_\_ Date of Deposit Fee: \_\_\_\_\_

Course Name :- \_\_\_\_\_

Student's Name :- \_\_\_\_\_ Father's Name :- \_\_\_\_\_

Duration :- \_\_\_\_\_ Session :- \_\_\_\_\_

Date of Examination :- \_\_\_\_\_ Class Timing :- \_\_\_\_\_

Examination Center Name : \_\_\_\_\_

I have read and understood the rules & Regulation, and agree to able by them I also understand and accept that the above mentioned Rules & Regulations are subject to change at discretion of the management.

Parent's Signature

Student Signature

For Enquiry: [www.timesinstitute.com](http://www.timesinstitute.com) , E-Mail :[timesinstitute@yahoo.com](mailto:timesinstitute@yahoo.com)