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**RAJASTHAN TECHNICAL UNIVERSITY, KOTA**

09-Feb-2018

**B.TECH. SEM - VIII EXAM - 2018 (BACK)****BRANCH : CIVIL ENGINEERING****EXAMINATION FORM**

College : GOVT. ENGINEERING COLLEGE, AJMER (1209)

Form No : 1688066  
 Roll No : 12EEACE039  
 Enrollment No : 12E1EACEM3XP039  
 Applicant Name : RAHUL KUMAR  
 Father's Name : MAHESH KUMAR  
 Mother's Name : SAVITRI DEVI  
 Gender: MALE  
 Date Of Birth: 10-Jan-1993  
 Mobile: 9667080040  
 Email ID:  
 You have Aadhaar Card :  
 Aadhaar No.


**Contact Details****Permanent Address**V.P.O.-LOYAL,TEH.-KHETRI, DIST.-JHUNJHUNU, KHETRI  
JHUNJHUNU RAJASTHAN-333514**Correspondance Address**V.P.O.-LOYAL,TEH.-KHETRI, DIST.-JHUNJHUNU, KHETRI  
JHUNJHUNU RAJASTHAN-333514**12. Theory Subject(s)**

CODE	SUBJECT NAME
BCE1A	WATER RESOURCE ENGINEERING-II (8481)
BCE2A	DESIGN OF STEEL STRUCTURES-II (8482)
BCE3A	PROJECT PLANING & CONSTRUCTION MANAGEMENT (8483)

**13. Practical Subject(s)**

CODE	SUBJECT NAME

**14. Elective Theory/Improv. Subject(s)**

CODE	SUBJECT NAME

**15. Elective Practical/Improv. Subject(s)**

CODE	SUBJECT NAME

Signature Of Head Of Institute

Signature Of Student



# RAJASTHAN TECHNICAL UNIVERSITY, KOTA

09-Feb-2018

## B.TECH. SEM - VIII EXAM - 2018 (BACK)

### BRANCH : CIVIL ENGINEERING

#### EXAMINATION FORM

College : GOVT. ENGINEERING COLLEGE, AJMER (1209)

Form No : 1690220  
 Roll No : 13EEACE005  
 Enrollment No : 13E1EACEM3XP005  
 Applicant Name : AMIT KUMAR KUMAWAT  
 Father's Name : RAKESH KUMAWAT  
 Mother's Name : SARLA DEVI  
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 Date Of Birth: 30-Dec-1995  
 Mobile: 8233120506  
 Email ID: amitkumawat41@gmail.com



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Aadhaar No.

#### Contact Details

##### Permanent Address

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 SIKAR RAJASTHAN-332709

##### Correspondance Address

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 MOHALLA, SIKAR, KHANDELA, DIST.- SIKAR, KHANDELA  
 SIKAR RAJASTHAN-332709

#### 12. Theory Subject(s)

CODE SUBJECT NAME  
 BCE2A DESIGN OF STEEL STRUCTURES-II (8482)  
 BCE4.2 ADVANCE FOUNDATION ENGINEERING (8485)

#### 13. Practical Subject(s)

CODE SUBJECT NAME

#### 14. Elective Theory/Improv. Subject(s)

CODE SUBJECT NAME

#### 15. Elective Practical/Improv. Subject(s)

CODE SUBJECT NAME

Signature Of Head Of Institute

Signature Of Student