

Roll No.:		2215077220013	
Course Name:		B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal D	etails		
Student's Name:	ABHISHEK KUMAR NISHAD		
Father's Name:	SHIVRATAN NISHAD		
Mother's Name:	MEERA DEVI		
Gender:	MALE		
Date of Birth:	2003-10-18		
Category:	OBC		
Disability:	NO		Martin S. T. Anos
Student's Contact De	tails		
Correspondence Address:	VILLAGE - KARMEL , POST- C	HHITAHI BAZAR, DISTRICT - DEORIA	, PIN-274201
Permanent Address:	VILLAGE - KARMEL , POST- C	HHITAHI BAZAR, DISTRICT - DEORIA	A, PIN-274201
State :	UTTAR PRADESH	District :	DEORIA
1obile No. :	8604051529	Alternate Mobile No. :	8604051529
mail ID:	abkrealme@gmail.com	Aadhar No.:	259442900852
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
ransactionn Date .:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject Lis	t		
	S.No. Exam Type Subject Code	e Subject Name	
	1 BACK HND100	RASHTRA GAURAV (COMPULSC	DRY)
Declaration by the St	udent		
	AT ALL THE INCORMATION N	ADE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AN
		CANDIDATURE CAN BE CANCELL	
			Athishel
			Signature of Student
eclaration by The Co	ollege		
-	_	LE THE DOCUMENTS OF OUL IEVING	EVAMINATIONS HAS DEEN VEDIEIE
FOUND CORRECT AND REQU	MT.IS A BONAFIDE STUDENT OFA	LL THE DOCUMENTS OF QULIFYING I WITH THIS EXAMINATION FORM.AT	



Roll No.: Course Name: Semeter:		2215077220024 B.Sc. II Semester (CBCS) 2	
Student's Personal De	etails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category:	ADARSH KUMAR YADAV VIRENDRA YADAV URMILA DEVI MALE 2001-10-06 OBC		
Disability:	NO		
Student's Contact Det	ails		
Correspondence Address: Permanent Address: State : Mobile No. :		- GANGI BAZAR, DISTRICT - MAHAR, - GANGI BAZAR, DISTRICT - MAHAR, District : Alternate Mobile No. :	
Email ID:	adarsh84250@gmail.com	Aadhar No.:	791875604762
Mis No.: Transactionn Date.: Customer ID:	7222235080201 16/05/2023 00:00:00 7222235080201_508	Registration and Examination Fee(Rs): Transaction No.: Payment Mode:	500 YCPN1891282885 ONLINE
Student's Subject List S.No. Exam Type Su 1 BACK PI	ıbject Code	Subject Name AAL PROPERTIES OF MATTER & I	ELECTRONIC CIRCUITS)
	AT ALL THE INFORMATION M	ADE ABOVE ARE TRUE TO THE CANDIDATURE CAN BE CANCELL	
			Automatic Automatic Standard
	lleae		Signature of Student
Declaration by The Co			
	T.IS A BONAFIDE STUDENT OFAI RED DOCUMENTS ARE ATTACHED	L THE DOCUMENTS OF QULIFYING I WITH THIS EXAMINATION FORM.AT	



Roll No.: Course Name: Semeter:		2215077220037 B.Sc. II Semester (CBCS) 2	
Student's Personal De	tails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	AKHIL MISHRA MAHENDRA PRATAP MISHRA MANORMA MISHRA MALE 2004-03-19 GEN NO		
Student's Contact Deta	ails		
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:	CHHITAHI BUZURG MAHARAJGA CHHITAHI BUZURG MAHARAJGA UTTAR PRADESH 8957480235 mishraakhil1250@gmail.com		MAHARAJGANJ 8957480235 404161909052
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE
Student's Subject List S.No. Exam Type Sui 1 BACK	-	Subject Name AL PROPERTIES OF MATTER & 1	ELECTRONIC CIRCUITS)
Declaration by the Stu	dent		
	ON IS FOUND INCORRECT, MY C		
Declaration by The Col	lege		Signature of Student'
CERTIFIED THAT SRI. /KM / SM	T.IS A BONAFIDE STUDENT OFALL RED DOCUMENTS ARE ATTACHED W		
THE CANDIDATE IS ELIGIBLE F	OD ADDI IED EV AMUNIATION		



Roll No.: 2215077220043	
Course Name: B.Sc. II Semester (CBCS)	
Semeter: 2	
Student's Personal Details	
Student's Name: AMIT KUMAR	
Father's Name: VINOD KUMAR	
Mother's Name: SANGEETA DEVI	
Gender: MALE	
Date of Birth: 2003-07-05	
Category: SC	
Disability: NO	
Student's Contact Details	
Correspondence Address: DIVYANAGAR GOLD,KHORABAR,GKP 273010	
Permanent Address: DIVYANAGAR GOLD, KHORABAR, GKP 273010	
State : UTTAR PRADESH District : GORAKHPUR	
Mobile No. : Alternate Mobile No. :	
Email ID: amitkumargkp8303@gmail.com Aadhar No.: 326937678009	
Student's Fee Details	
Mis No.: 722235080201 Registration and Examination 500 Fee(Rs):	
Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885	
Customer ID: 722235080201_508 Payment Mode: ONLINE	
Student's Subject List	
S.No. Exam Type Subject Code Subject Name	
1 BACK PHY104 THERMAL PHYSICS & SEMICONDUCTOR DEVICES	
Declaration by the Student	
I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOW	WLEDGE AND
BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE CAN BE CANCELLED	
Anit	Kumani
Signature o	of Student's
Declaration by The College	
CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OFALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS B FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.	
Signature of Office Assistant Signature of Head/Colle	ege Principal



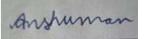
Back Examination Form for Even Sem (2022-23)

Student's Personal Details Student's Name: ANSHUMAN Father's Name: RAKESH SRIVASTAVA Mother's Name: ANJANA SRIVASTAVA Mother's Name: ANJANA SRIVASTAVA Gender: MALE Date of Birth: 2003-10-07 Category: GEN Disability: NO Student's Contact Details Correspondence Address: RAPTI NAGAR PHASE-4,273013 Permanent Address: RAPTI NAGAR PHASE-4,273013 Permanent Address: RAPTI NAGAR PHASE-4,273013 State : UTTAR PRADESH District : GORAKHPUR Mobile No. : 8808802094 Alternate Mobile No. : 8808802094 Email ID: ashu00449@gmail.com Adhar No.: 721921891805 Student's Fee Details Mis No.: 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Name 1 BACK MaTRICES AND DIFFERENTIAL EQUATIONS </th <th colspan="2">Roll No.: Course Name: Semeter:</th> <th colspan="2">2215077220058 B.Sc. II Semester (CBCS) 2</th>	Roll No.: Course Name: Semeter:		2215077220058 B.Sc. II Semester (CBCS) 2			
Father's Name:RAKESH SRIVASTAVA ANJANA SRIVASTAVAImage: Constant of the second seco	Student's Pers	onal	Details			
Mother's Name:ANJANA SRIVASTAVAANJANA SRIVASTAVAImage: State in the state in th	Student's Name:		ANSHU	JMAN		
Gender:MALEDate of Birth:2003-10-07Category:GENDisability:NOStudent's Contact DetailsCorrespondence Address:RAPTI NAGAR PHASE-4,273013Permanent Address:RAPTI NAGAR PHASE-4,273013State :UTTAR PRADESHDisbili No. :8808802094Alternate Mobile No. :8808802094Email ID:aashu00449@gmail.comAdhar No.:721921891805Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Customer ID:7222235080201_508Payment Mode:ONLINEStudent's Subject List	Father's Name:		RAKES	SH SRIVASTAVA		
Date of Birth:2003-10-07Category:GENDisability:NOStudent's Contact DetailsCorrespondence Address:RAPTI NAGAR PHASE-4,273013Permanent Address:RAPTI NAGAR PHASE-4,273013State :UTTAR PRADESHMobile No. :8808802094Email ID:aashu00449@gmail.comAddrar No.:721921891805Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885ONLINEStudent's Subject ListStudent's Subject ListSubject CodeSubject CodeSubject Name	Mother's Name:		ANJAN	IA SRIVASTAVA		30
Category:GENDisability:NOStudent's Contact DetailsStudent's Contact DetailsCorrespondence Address:RAPTI NAGAR PHASE-4,273013Permanent Address:RAPTI NAGAR PHASE-4,273013State :UTTAR PRADESHMobile No. :8808802094Alternate Mobile No. :8808802094Email ID:aashu00449@gmail.comAddrar No.:721921891805Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885ONLINEStudent's Subject ListStudent's Subject ListSubject Name	Gender:		MALE			
Disability: NO Student's Contact Details Correspondence Address: RAPTI NAGAR PHASE-4,273013 Permanent Address: RAPTI NAGAR PHASE-4,273013 State : UTTAR PRADESH Mobile No. : 8808802094 Email ID: aashu00449@gmail.com Adhar No.: 721921891805 Student's Fee Details Student's Fee Details Mis No.: 7222235080201 Registration and Examination Fee(Rs): Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Code Subject Name	Date of Birth:		2003-	10-07		
Student's Contact Details Correspondence Address: RAPTI NAGAR PHASE-4,273013 Permanent Address: RAPTI NAGAR PHASE-4,273013 State : UTTAR PRADESH District : Mobile No. : 8808802094 Alternate Mobile No. : mail ID: aashu00449@gmail.com Aadhar No.: 721921891805 Student's Fee Details Mis No.: 7222235080201 Registration and Examination Date.: 16/05/2023 00:00:00 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE	Category:		GEN			8
Correspondence Address:RAPTI NAGAR PHASE-4,273013Permanent Address:RAPTI NAGAR PHASE-4,273013State :UTTAR PRADESHMobile No. :8808802094Alternate Mobile No. :8808802094Email ID:aashu00449@gmail.comAdhar No.:721921891805Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885Customer ID:7222235080201_508Payment Mode:ONLINEStudent's Subject ListS.No. Exam TypeSubject CodeSubject Code	Disability:		NO			
Permanent Address:RAPTI NAGAR PHASE-4,273013State :UTTAR PRADESHDistrict :GORAKHPURMobile No. :8808802094Alternate Mobile No. :8808802094Email ID:aashu00449@gmail.comAadhar No.:721921891805Student's Fee DetailsMis No.:722235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885Customer ID:722235080201_508Payment Mode:ONLINEStudent's Subject ListStudent's Code	Student's Cont	act D	etails			
State :UTTAR PRADESHDistrict :GORAKHPURMobile No. :8808802094Alternate Mobile No. :8808802094Email ID:aashu00449@gmail.comAadhar No.:721921891805Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885Customer ID:7222235080201_508Payment Mode:ONLINEStudent's Subject ListS.No. Exam Type Subject CodeSubject Name	Correspondence Add	fress:	RAPTI	NAGAR PHASE-4,27301	3	
Mobile No. :8808802094Alternate Mobile No. :8808802094Email ID:aashu00449@gmail.comAadhar No.:721921891805Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500 Fee(Rs):Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885 ONLINEStudent's Subject ListStudent's Subject ListSubject CodeSubject Name	Permanent Address		RAPTI	NAGAR PHASE-4,27301	3	
Email ID: aashu00449@gmail.com Aadhar No.: 721921891805 Student's Fee Details Mis No.: 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Code Subject Name	State :		UTTAF	PRADESH	District :	GORAKHPUR
Student's Fee Details Mis No.: 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Code Subject Name	Mobile No. :		88088	02094	Alternate Mobile No. :	8808802094
Mis No.: 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Code Subject Name	Email ID:		aashu	00449@gmail.com	Aadhar No.:	721921891805
Fee(Rs): Fee(Rs): Transaction Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885 Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Code Subject Name	Student's Fee	Detai	ls			
Customer ID: 7222235080201_508 Payment Mode: ONLINE Student's Subject List Subject Code Subject Name	Mis No.:		72222	35080201		500
Student's Subject List S.No. Exam Type Subject Code Subject Name	Transactionn Date.:		16/05	/2023 00:00:00	Transaction No.:	YCPN1891282885
S.No. Exam Type Subject Code Subject Name	Customer ID:		72222	35080201_508	Payment Mode:	ONLINE
	Student's Subj	ect L	ist			
	S.No. Exa	n Type	Subject Cod	e	Subject Name	
					FERENTIAL EQUATIONS	

1	BACK	MAT104	MATRICES AND DIFFERENTIAL EQUATIONS
2	BACK	PHY104	THERMAL PHYSICS & SEMICONDUCTOR DEVICES
3	BACK	PHY105	PRACTICAL (THERMAL PROPERTIES OF MATTER & ELECTRONIC CIRCUITS)
4	BACK	MAT105	GEOMETRY
5	BACK	ELE105	SEMICONDUCTOR DEVICES AND ELECTRONIC CIRCUITS LAB
6	BACK	HND100	RASHTRA GAURAV (COMPULSORY)

Declaration by the Student

I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE CAN BE CANCELLED



Signature of Student's

Declaration by The College

CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OF. ALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS BEEN VERIFIED, FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THAN 75% AND THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.

Signature of Office Assistant

Signature of Head/College Principal



Roll No.: Course Name: Semeter:		2215077220076 B.Sc. II Semester (CBCS) 2	
Student's Personal Det	ails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	ASHUTOSH KUMAR SINGH PRADEEP KUMAR SINGH MITHILESH SINGH MALE 2005-02-02 OBC NO		
Student's Contact Deta	ils		
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:		AR, DIST GORAKHPUR, UP-273402 AR, DIST GORAKHPUR, UP-273402 District : Alternate Mobile No. : Aadhar No.:	
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE
Student's Subject List S.No. Exam Type Sub 1 BACK PH	•	Subject Name L PROPERTIES OF MATTER & I	ELECTRONIC CIRCUITS)
Declaration by the Stud	dent T ALL THE INFORMATION MAD	DE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AN
BELIEF. IF ANY INFORMATI	ON IS FOUND INCORRECT, MY C	ANDIDATURE CAN BE CANCELL	Ashutosh kumar singh
			Signature of Student'
	lege		
Declaration by The Col			
	F.IS A BONAFIDE STUDENT OFALL ED DOCUMENTS ARE ATTACHED W OR APPLIED EXAMINATION		



Roll No.: Course Name: Semeter:		2215077220091 B.Sc. II Semester (CBCS) 2	
Student's Personal	Details		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	AYUSH YADAV VINOD KUMAR YADAV SUDHA YADAV MALE 2003-06-24 OBC NO		
Student's Contact D	etails		
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:		A, GORAKHPUR, UTTAR PRADESH, A, GORAKHPUR, UTTAR PRADESH, District : Alternate Mobile No. : Aadhar No.:	
Student's Fee Detai	S		
Mis No.: Transactionn Date.: Customer ID:	7222235080201 16/05/2023 00:00:00 7222235080201_508	Registration and Examination Fee(Rs): Transaction No.: Payment Mode:	500 YCPN1891282885 ONLINE
Student's Subject Li S.N 1	st o. Exam Type Subject Code	Subject Name L PHYSICS & SEMICONDUCTO	PR DEVICES
Declaration by the S	Student		
I SOLEMNLY DECLARE	THAT ALL THE INFORMATION MAD ATION IS FOUND INCORRECT, MY C		
Declaration by The (College		
	SMT.IS A BONAFIDE STUDENT OFALL 7 DUIRED DOCUMENTS ARE ATTACHED WI	-	EXAMINATIONS HAS BEEN VERIFIEI TENDANCE IS MORE THAN 75% AN
	LE FOR APPLIED EXAMINATION.		



Roll No.: Course Name: Semeter:			2215077220092 B.Sc. II Semester (CBCS) 2	
Student's Perso	nal Details			
Student's Name:		KUMAR		-
Father's Name:	SANT			
Mother's Name:		ANI DEVI		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gender:	MALE			
Date of Birth:	2003-	-03-08		
Category:	SC			
Disability:	NO			
Student's Conta	ct Details			
Correspondence Addre	ess: KATW	AR,POST-MALHANPAR,	273403	
Permanent Address:	KATW	AR, POST-MALHANPAR,	273403	
State :		R PRADESH	District :	GORAKHPUR
Mobile No. :		971444	Alternate Mobile No. :	9118971444
Email ID:	arjun	123@gmail.com	Aadhar No.:	939417398344
Student's Fee D	etails			
Mis No.:	72222	235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:		5/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	72222	235080201_508	Payment Mode:	ONLINE
Student's Subje	ct List			
	S.No. Exam Typ	e Subject Code	Subject Name	
	1 BACK	PHY104 THER	MAL PHYSICS & SEMICONDUCTO	DR DEVICES
Declaration by t	he Student			
			MADE ABOVE ARE TRUE TO THE	
BELIEF. IF ANY INF	ORMATION IS FO	JUND INCORRECT, M	Y CANDIDATURE CAN BE CANCELL	.ED
				Bipin Kun
				Signature of Student's
Declaration by 1	he College			-
	D REQUIRED DOCU	MENTS ARE ATTACHEI	LL THE DOCUMENTS OF QULIFYING 1 O WITH THIS EXAMINATION FORM.AT	



Back Examination Form for Even Sem (2022-23)

Father's Name:SURENDRA NATH YADAVWother's Name:REEMAImage: SURENDRA NATH YADAVMother's Name:REEMAImage: Surenda NathImage: Surenda NathImage: Surenda NathGender:MALE2006-12-10Image: Surenda NathImage: Surenda NathDate of Birth:2006-12-10Image: Surenda NathImage: Surenda NathCategory:OBCOBCImage: Surenda NathDisability:NOSurenda NathImage: Surenda NathStudent's Contact DetailsCorrespondence Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162Permanent Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :UTTAR PRADESHDistrict :Mobile No. :6307082300Alternate Mobile No. :6307082300Alternate Mobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.comAdhar No.:Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
Father's Name:SURENDRA NATH YADAVImage: SURENDRA NATH YADAVMother's Name:REEMAImage: Sure Name:REEMAGender:MALE2006-12-10Image: Sure Name:Image: Sure Name:Date of Birth:2006-12-10Image: Sure Name:Image: Sure Name:Category:OBCOBCImage: Sure Name:Image: Sure Name:Disability:NOStudent's Contact DetailsImage: Sure Name:Student's Contact DetailsStudent's Contact DetailsBADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :MAHARAJGANMAHARA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :UTTAR PRADESHDistrict :MAHARAJGANJMobile No. :6307082300Alternate Mobile No. :6307082300Gatoros 200Alternate Mobile No. :6307082300Student's Fee DetailsMis No.:722235080201Registration and Examination Fee(Rs):Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
Gender:MALEMALEDate of Birth:2006-12-10Category:OBCDisability:NOStudent's Contact DetailsCorrespondence Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162Permanent Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :UTTAR PRADESHDistrict :MAHARAJGANJMobile No. :6307082300Alternate Mobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.com Aadhar No.:Student's Fee DetailsStudent's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
Date of Birth:2006-12-10Image: Contact DetailsCategory:OBCNOStudent's Contact DetailsNOImage: Contact DetailsCorrespondence Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162Permanent Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :UTTAR PRADESHDistrict :MAHARAJGANJMobile No. :6307082300Alternate Mobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.com Aadhar No.:Student's Fee Details7222235080201Mis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:
Category:OBCImage: Category:OBCDisability:NOImage: Category:Image: Category:Student's Contact Details:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162Correspondence Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162Permanent Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :UTTAR PRADESHDistrict :Mobile No. :6307082300Alternate Mobile No. :6307082300Alternate Mobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.com Aadhar No.:602116518841Student's Fee DetailsT222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
Disability:NOStudent's Contact DetailsStudent's Contact DetailsCorrespondence Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162Permanent Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162State :UTTAR PRADESHDistrict :MAHARAJGANJMobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.com Aadhar No.:602116518841Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500 Fee(Rs):Transactionn Date.:16/05/2023 00:00:00Transaction No.::YCPN1891282885
Student's Contact Details Student's Contact Details Correspondence Address: BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162 Permanent Address: BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162 State : UTTAR PRADESH District : MAHARAJGANJ Mobile No. : 6307082300 Alternate Mobile No. : 6307082300 Email ID: DEEPAkkumaryadav617@gmail.com Aadhar No.: Student's Fee Details Mis No.: 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00
Correspondence Address: BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162 Permanent Address: BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 273162 State : UTTAR PRADESH District : MAHARAJGANJ Mobile No. : 6307082300 Alternate Mobile No. : 6307082300 Email ID: DEEPAkkumaryadav617@gmail.com Aadhar No.: 602116518841 Student's Fee Details 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.:: YCPN1891282885
Permanent Address:BADAHRA SHIVNATH POST LAXMIPUR DIST MAHARAJGANJ PIN 27315State :UTTAR PRADESHDistrict :MAHARAJGANJMobile No. :6307082300Alternate Mobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.com Aadhar No.:602116518841Student's Fee DetailsMis No.:7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
State :UTTAR PRADESHDistrict :MAHARAJGANJMobile No. :6307082300Alternate Mobile No. :6307082300Email ID:DEEPAkkumaryadav617@gmail.comAadhar No.:602116518841Student's Fee DetailsMis No. :722235080201Registration and Examination Fee(Rs):500Transactionn Date. :16/05/2023 00:00:00Transaction No. :YCPN1891282885
Mobile No. : 6307082300 Alternate Mobile No. : 6307082300 Email ID: DEEPAkkumaryadav617@gmail.com Aadhar No.: 602116518841 Student's Fee Details 7222235080201 Registration and Examination Fee(Rs): 500 Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885
Email ID:DEEPAkkumaryadav617@gmail.com Aadhar No.:602116518841Student's Fee Details7222235080201Registration and Examination Fee(Rs):500Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
Student's Fee Details Mis No.: 7222235080201 Registration and Examination 500 Fee(Rs): Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885
Mis No.:7222235080201Registration and Examination Fee(Rs):500 Fee(Rs):Transactionn Date.:16/05/2023 00:00:00Transaction No.:YCPN1891282885
Fee(Rs): Fee(Rs): Transactionn Date.: 16/05/2023 00:00:00 Transaction No.: YCPN1891282885
Customer ID: 7222235080201_508 Dayment Mode: ONLINE
Customer ID. 7222255000201_500 Payment Hode. ONLINE
Student's Subject List
S.No. Exam Type Subject Code Subject Name
1 BACK CHE105 BIOCHEMICAL ANALYSIS
2 BACK PHY105 PRACTICAL (THERMAL PROPERTIES OF MATTER & ELECTRONIC CIRCUI

Signature of Office Assistant

Signature of Head/College Principal



Course Name: Semeter:		2215077220114 B.Sc. II Semester (CBCS) 2	
Student's Personal De	tails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category:	HARIS PARVEZ PARVEZ ATHAR SHAMIM BANO MALE 2004-07-04 GEN		
Disability:	NO		and the second second
Student's Contact Det	ails		
Permanent Address: State : Mobile No. : Email ID:	395, KHOONIPUR, BEHIND ANJ 395, KHOONIPUR, BEHIND ANJ UTTAR PRADESH 9795392583 harisparvez786@gmail.com		GORAKHPUR 9795392583 457707290158
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE
Student's Subject List			
S.No. Exam Type Su	ıbject Code	Subject Name AL PROPERTIES OF MATTER & 1	ELECTRONIC CIRCUITS)
1 BACK PH	ıdent		
1 BACK PF Declaration by the Stu I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION MA		
1 BACK PF Declaration by the Stu I SOLEMNLY DECLARE TH			ED
1 BACK PF Declaration by the Stu I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION MA		
1 BACK PH Declaration by the Stu I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION MA		ED
1 BACK PH Declaration by the Stu I SOLEMNLY DECLARE TH BELIEF. IF ANY INFORMAT	AT ALL THE INFORMATION MA ION IS FOUND INCORRECT, MY (Havis Parvez
1 BACK PH Declaration by the Stu I SOLEMNLY DECLARE TH BELIEF. IF ANY INFORMAT Declaration by The Co CERTIFIED THAT SRI. /KM / SN	AT ALL THE INFORMATION MA ION IS FOUND INCORRECT, MY (Illege MT.IS A BONAFIDE STUDENT OF. ALL RED DOCUMENTS ARE ATTACHED V	CANDIDATURE CAN BE CANCELL	ED H wis Parvez Signature of Student



Back Examination Form for Even Sem (2022-23)

				2215077220153 B.Sc. II Semester (CBCS) 2	
Student's I	Personal	Details			
Student's Name):	MONU	NISHAD		-
ather's Name	:	PRADE	EP NISHAD		
Mother's Name	e:	SEEMA	DEVI		
Gender:		MALE			
Date of Birth:		2004-:	1-05		
Category:		OBC			Long Contractor
Disability:		NO			•
Student's (Contact I	Details			
Correspondenc	ce Address:	VILL PI	EWANPUR POST CHHAPIY	A GORAKHPUR UTTAR PRADESH-2	73016
Permanent Add	dress:	VILL PI	EWANPUR POST CHHAPIY	A GORAKHPUR UTTAR PRADESH-2	73016
State :		UTTAR	PRADESH	District :	GORAKHPUR
Mobile No. :		96168	54152	Alternate Mobile No. :	9616854152
Email ID:		monun	ishad4613@gmail.com	Aadhar No.:	252504696705
Student's I	Fee Deta	ils			
Mis No.:		72222	35080201	Registration and Examination Fee(Rs):	500
Transactionn D	ate.:	16/05/	2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:		72222	35080201_508	Payment Mode:	ONLINE
Student's S	Subject L	ist			
S.No.	. Exam Typ	e Subject Code		Subject Name	
1	BACK	ELE105	SEMICONDUCTOR DE	VICES AND ELECTRONIC CIRC	CUITS LAB
2	BACK	PHY105	PRACTICAL (THERMA	L PROPERTIES OF MATTER &	ELECTRONIC CIRCUITS)

Declaration by The College

CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OF. .ALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS BEEN VERIFIED, FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THAN 75% AND THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.

Signature of Office Assistant

Signature of Head/College Principal



Roll No.: Course Name: Semeter:		2215077220154 B.Sc. II Semester (CBCS) 2	
Student's Personal De	tails		
Student's Name: Father's Name:	MOZAMMIL ZIA MOHAMMAD JAYAUDDIN		
Mother's Name:	SHAHEEN		
Gender:	MALE		S in P
Date of Birth:	2003-12-09		
Category:	OBC		
Disability:	NO		and the second
Student's Contact Det	ails		
Correspondence Address:	ZAFRA BAZAR , GORAKHPUR ((273001)	
Permanent Address:	ZAFRA BAZAR , GORAKHPUR (
State :	UTTAR PRADESH	District :	GORAKHPUR
Mobile No. :	9118170531	Alternate Mobile No. :	9118170531
Email ID:	Muzammilmalik6700@gmail.co	om Aadhar No.:	863912617435
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List	1		
S.No. Exam Type Su		Subject Name	
1 BACK PH	HY105 PRACTICAL (THERM	AL PROPERTIES OF MATTER &	ELECTRONIC CIRCUITS)
Declaration by the Stu	ıdent		
I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION M	ADE ABOVE ARE TRUE TO THE	
I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION M	ADE ABOVE ARE TRUE TO THE CANDIDATURE CAN BE CANCELL	
	AT ALL THE INFORMATION M		
I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION M		ED Mozammil Zi
I SOLEMNLY DECLARE TH BELIEF. IF ANY INFORMAT	AT ALL THE INFORMATION M ION IS FOUND INCORRECT, MY		ED
I SOLEMNLY DECLARE TH BELIEF. IF ANY INFORMAT	AT ALL THE INFORMATION M ION IS FOUND INCORRECT, MY	CANDIDATURE CAN BE CANCELL	ED Mozammif Zic Signature of Student
I SOLEMNLY DECLARE TH BELIEF. IF ANY INFORMAT Declaration by The Co	AT ALL THE INFORMATION M ION IS FOUND INCORRECT, MY Ilege MT.IS A BONAFIDE STUDENT OFAL RED DOCUMENTS ARE ATTACHED		ED Mozammil Zid Signature of Student



Roll No.: Course Name:		2215077220160	
Semeter:		B.Sc. II Semester (CBCS) 2	
Student's Personal De	atails		
Student's Name:	NITISH KUMAR		
Father's Name:	VIJAY KUMAR PRAJAPATI		
Mother's Name:	POONAM DEVI		(a) (a)
Gender:	MALE		3
Date of Birth:	2004-04-08		
Category:	OBC		
Disability:	NO		V P V
Student's Contact Det	ails		
Correspondence Address:	KAMASIN KHURD POST KAMA	ASIN KHURD (273158)	
Permanent Address:	KAMASIN KHURD POST KAMA	ASIN KHURD (272158)	
State :	UTTAR PRADESH	District :	MAHARAJGANJ
Mobile No. :	8528062581	Alternate Mobile No. :	8528062581
Email ID:	Nk6298526@gmail.com	Aadhar No.:	433916948706
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List	:		
S.No. Exam Type Su		Subject Name	
1 BACK PH	HY105 PRACTICAL (THER)	MAL PROPERTIES OF MATTER &	ELECTRONIC CIRCUITS)
Declaration by the Stu	udent		
I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION M	MADE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AND
		Y CANDIDATURE CAN BE CANCELI	
			Nitish Ruman
			Signature of Student's
Declaration by The Co	llege		-
	_	LL THE DOCUMENTS OF OULIEVING	EXAMINATIONS HAS BEEN VERIFIED,
	RED DOCUMENTS ARE ATTACHED		EXAMINATIONS HAS BEEN VERIFIED, TTENDANCE IS MORE THAN 75% AND
Signature of Office Assis	tant	Signa	ature of Head/College Principal



Roll No.:		2215077220170	
Course Name:		B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal De	tails		
Student's Name:	PIYUSH DWIWEDI		
Father's Name:	JAIPRAKASH DWIWEDI		
Mother's Name:	SATYA DWIWEDI		
Gender:	MALE		
Date of Birth:	2004-01-01		
Category:	GEN		
Disability:	NO		
Student's Contact Det	ails		
Correspondence Address:	AMARI JHANGA POST-NARAYANP	UR PIN CODE-274203	
Permanent Address:	AMARI JHANGA POST-NARAYANP	UR	
State :	UTTAR PRADESH	District :	DEORIA
Mobile No. :	9026675909	Alternate Mobile No. :	9026675909
Email ID:	PIYUSHPANDIT269@GMAIL.COM	Aadhar No.:	301376820134
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List			
	S.No. Exam Type Subject Code	Subject Name	
		SHTRA GAURAV (COMPULSO	DRY)
Declaration by the Stu	ident		
	AT ALL THE INFORMATION MAD		
		INDIDATORE CAN DE CANCELL	
			Riyush Dwiwedi
			Signature of Student's
Declaration by The Co	llaga		Signature of Student S
	IT.IS A BONAFIDE STUDENT OFALL T RED DOCUMENTS ARE ATTACHED WI FOR APPLIED EXAMINATION.		
Signature of Office Assist	tant	Signa	ture of Head/College Principal



Roll No.: Course Name: Semeter:	Name:			2215077220191 B.Sc. II Semester (CBCS) 2		
Student's Perso	າal Deta	ils				
Student's Name:			,			
Father's Name: Mother's Name:		RAMGOVIND DUBEY MAVATI DEVI				
Gender: Date of Birth:		MALE			A CONTRACTOR	
		2003-02-08				
Category:		GEN				
Disability:		NO			6	
Student's Conta	ct Detail	S				
Correspondence Addre	:SS:	PARSAUNA, JOGIYA				
Permanent Address:		PARSAUNA, JOGIYAI	BUZURG, DE	ORIA, 274204		
State :		UTTAR PRADESH		District :	DEORIA	
Mobile No. :		6306932751		Alternate Mobile No. :	6306932751	
Email ID:		PUNEETdubey751@	gmail.com	Aadhar No.:	926447946445	
Student's Fee De	atails					
Mis No.:		7222235080201		Registration and Examination Fee(Rs):	500	
Transactionn Date.:		16/05/2023 00:00:0	00	Transaction No.:	YCPN1891282885	
Customer ID:		7222235080201_50	8	Payment Mode:	ONLINE	
Student's Subje	t List					
	S.No. Exa	am Type Subject Cod	le	Subject Name		
		CK PHY104		L PHYSICS & SEMICONDUCTO	OR DEVICES	
			1			
Declaration by t	ie Stude	ent				
					BEST OF MY KNOWLEDGE AN	
BELIEF. IF ANY INF	ORMATION	N IS FOUND INCORI	RECT, MY C	ANDIDATURE CAN BE CANCEL	LED	
					Funeel-	
					Signature of Student	
Declaration by T	he Colle	ge				
CERTIFIED THAT SRI.	/KM / SMT.I REQUIREI	- S A BONAFIDE STUDE D DOCUMENTS ARE A'	FTACHED W		EXAMINATIONS HAS BEEN VERIFIE ITENDANCE IS MORE THAN 75% AN	



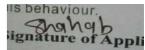
Back Examination Form for Even Sem (2022-23)

Roll No.: Course Name:		2215077220234 B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal De	etails		
Student's Name:	SHAHAB ANWAR		
Father's Name:	ANWAR HUSAIN		
Mother's Name:	SHAHANA		00
Gender:	MALE		
Date of Birth:	2004-04-04		1
Category:	GEN		1
Disability:	NO		Va 1
Student's Contact De	tails		
Correspondence Address:	BEHIND OF ANJUMAN SCHOOL,	THANA KOTWALI, GORAKHPUR UT	TAR PRADESH -(273005)
Permanent Address:	BEHIND OF ANJUMAN SCHOOL,	THANA KOTWALI, GORAKHPUR UT	TAR PRADESH -(273005)
State :	UTTAR PRADESH	District :	GORAKHPUR
Mobile No. :	9919256991	Alternate Mobile No. :	9919256991
Email ID:	shahabkhan9919@gmail.com	Aadhar No.:	352187412997
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Transactionn Date.:			

S.No.	Exam Type	Subject Code	Subject Name
1	BACK	PHY104	THERMAL PHYSICS & SEMICONDUCTOR DEVICES
2	BACK	MAT105	GEOMETRY
3	BACK	PHY105	PRACTICAL (THERMAL PROPERTIES OF MATTER & ELECTRONIC CIRCUITS)

Declaration by the Student

I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE CAN BE CANCELLED



Signature of Student's

Declaration by The College

CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OF. .ALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS BEEN VERIFIED, FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THAN 75% AND THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.

Signature of Office Assistant

Signature of Head/College Principal



Roll No.: Course Name: Semeter:				2215077220235 B.Sc. II Semester (CBCS) 2	
Student's Perso	nal Deta	nils			
Student's Name:		SHAILESH MISHRA			(unitarily than
Father's Name:		SUNIL MISHRA			and the second s
Mother's Name:		SAROJ MISHRA			
Gender:		MALE			
Date of Birth:		2003-01-17			
Category:		GEN			
Disability:		NO			
Student's Conta	ct Detai	ls			
Correspondence Addre	ess:	GARULPAR DEORIA 2740	01		
Permanent Address:		GARULPAR DEORIA 2740	01		
State :		UTTAR PRADESH		District :	GORAKHPUR
Mobile No. :		7651832878		Alternate Mobile No. :	7651832878
Email ID:		Shaileshmishra71727@gr	mail.com	Aadhar No.:	960875082271
Student's Fee D	etails				
Mis No.:		7222235080201		Registration and Examination Fee(Rs):	500
Transactionn Date.:		16/05/2023 00:00:00		Transaction No.:	YCPN1891282885
Customer ID:		7222235080201_508		Payment Mode:	ONLINE
Student's Subje	ct List				
	S.No. Ex	am Type Subject Code		Subject Name	
	1 BA	ACK PHY104 TH	ERMAL	PHYSICS & SEMICONDUCTO	DR DEVICES
	ARE THAT	ALL THE INFORMATIO		ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AN
					About touts
					Signature of Student
Declaration by 1	he Colle	≥ge			Signature of Student
FOUND CORRECT ANI	/KM / SMT. D REQUIRE	IS A BONAFIDE STUDENT O			Signature of Student' EXAMINATIONS HAS BEEN VERIFIE TENDANCE IS MORE THAN 75% AN



Course Name: Semeter: Student's Personal D			
		B.Sc. II Semester (CBCS) 2	
Student's Personal D	semerer:		
	etails		
tudent's Name:	SHIVANMAURYA		
ather's Name:	KP MAURYA		
1other's Name:	SUNEETA MAURYA		1 mm
Gender:	MALE		
Date of Birth:	2003-01-01		
Category:	OBC		
Disability:	NO		
Student's Contact De	tails		
Correspondence Address:	CHATAI GORAKHPUR		
Permanent Address:	CHATAI GORAKHPUR		
State :	UTTAR PRADESH	District :	GORAKHPUR
1obile No. :	7275302746	Alternate Mobile No. :	7275302746
imail ID:		Aadhar No.:	38896933795
Student's Fee Details	1		
1is No.:	7222235080201	Registration and Examination Fee(Rs):	500
ransactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject Lis	t		
S.No. Exam Type S	•	Subject Name	
1 BACK P	PHY105 PRACTICAL (THER	MAL PROPERTIES OF MATTER &	ELECTRONIC CIRCUITS)
Declaration by the St	udent		
		MADE ABOVE ARE TRUE TO THE	REST OF MY KNOWLEDGE AL



Back Examination Form for Even Sem (2022-23)

Roll No.: Course Name: Semeter:		2215077220271 B.Sc. II Semester (CBCS) 2	
Student's Personal De	etails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	UTKARSH RAJ GOPAL CHANDRA YADAV ANUPAMA YADAV MALE 2003-11-29 OBC NO		
Student's Contact Det	ails		
Correspondence Address: Permanent Address:		IY SHAHPUR GORAKHPUR PIN-2730 A, THANA-SAHJANWA GORAKHPUR	
State :	UTTAR PRADESH	District :	GORAKHPUR
Mobile No. :	7525046384	Alternate Mobile No. :	7525046384
Email ID:	rajutkarsh0018@gmail.com	Aadhar No.:	681093040908
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE

Student's Subject List

S.No.	Exam Type	Subject Code	Subject Name
1	BACK	PHY104	THERMAL PHYSICS & SEMICONDUCTOR DEVICES
2	BACK	PHY105	PRACTICAL (THERMAL PROPERTIES OF MATTER & ELECTRONIC CIRCUITS)
3	BACK	COA105	SOFTWARE LAB
4	BACK	MAT105	GEOMETRY

Declaration by the Student

I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE CAN BE CANCELLED



Signature of Student's

Declaration by The College

CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OF. ALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS BEEN VERIFIED, FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THAN 75% AND THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.

Signature of Office Assistant

Signature of Head/College Principal



Roll No.:		2215077220273	
Course Name:		B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal De	etails		
Student's Name:	VEDPRAKASH CHAUHAN		
Father's Name:	BASANT CHAUHAN		
Mother's Name:	RAJKUMARI DEVI		The second s
Gender:	MALE		
Date of Birth:	2004-02-27		
Category:	OBC		
Disability:	NO		
Student's Contact De	tails		
Correspondence Address:	CHURAHA KHAS SEMRAHA NA	ARAYANPUR DEORIA GAURI BAZAR UP	274202
Permanent Address:		RAYANPUR DEORIA GAURI BAZAR UP 2	
State :	UTTAR PRADESH	District :	DEORIA
Mobile No. :	7275345850	Alternate Mobile No. :	7275345850
Email ID:	chauhanvedprakash823@gma	ail.com Aadhar No.:	761425171268
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date .:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject Lis	t		
	S.No. Exam Type Subject Cod	e Subject Name	
	1 BACK HND100	RASHTRA GAURAV (COMPULSO	RY)
Declaration by the St	udent		
		MADE ABOVE ARE TRUE TO THE Y CANDIDATURE CAN BE CANCELLE	
DELIEF. IF ANT INFORMAT	TION 13 FOUND INCORRECT, M	T CANDIDATORE CAN BE CANCELLI	
			Vedptakash - Chauhan
			Signature of Student's
Declaration by The Co	ollege		-
CERTIFIED THAT SRI. /KM / S	MT.IS A BONAFIDE STUDENT OFA	LL THE DOCUMENTS OF QULIFYING E	XAMINATIONS HAS BEEN VERIFIED,
FOUND CORRECT AND REQU		WITH THIS EXAMINATION FORM.ATT	
Signature of Office Assis	stant	Signat	ure of Head/College Principal



Roll No.: Course Name: Semeter:			2215077220275 B.Sc. II Semester (CBCS) 2	B.Sc. II Semester (CBCS)	
Student's Person	al Details				
Student's Name:		A SAGAR YAGAV			
Father's Name:		ILESH YADAV			
Mother's Name:		ATRI DEVI		(C.S)	
Gender:	MAL			C	
Date of Birth:	200	5-07-02			
Category:	OBC				
Disability:	NO				
Student's Contac	t Details				
Correspondence Addres	ss: BET	IYAHATA CHAUK, 273001	,GORAKHPUR		
Permanent Address: RAMPUR DUBEY PAKHDIHAWA ,			A ,MAHUWADIH,DEORIA		
State :	UTT	AR PRADESH	District :	GORAKHPUR	
Mobile No. :		2199686	Alternate Mobile No. :	8052199686	
Email ID:	Sy8	939380@gmail.com	Aadhar No.:	952614910328	
Student's Fee De	tails				
Mis No.:	722	2235080201	Registration and Examination Fee(Rs):	500	
Transactionn Date.:	16/0	05/2023 00:00:00	Transaction No.:	YCPN1891282885	
Customer ID:	722	2235080201_508	Payment Mode:	ONLINE	
Student's Subjec	t List				
	S.No. Exam Ty	vpe Subject Code	Subject Name		
	1 BACK	PHY104 THERM	MAL PHYSICS & SEMICONDUCTO	DR DEVICES	
Declaration by th	o Student				
Jeclaration by th	ie Student				
			ADE ABOVE ARE TRUE TO THE		
BELIEF. IF ANY INFO	RMATION IS I	FOUND INCORRECT, MY	Y CANDIDATURE CAN BE CANCELL	ED	
				Vidyasajas yadar	
				Signature of Student'	
Declaration by T	he College			-	
Declaration by Tl					
CERTIFIED THAT SRI. /	KM / SMT.IS A BO REQUIRED DOO	CUMENTS ARE ATTACHED	LL THE DOCUMENTS OF QULIFYING 1 WITH THIS EXAMINATION FORM.AT		



Roll No.: Course Name: Semeter:		2215077220288 B.Sc. II Semester (CBCS) 2			
Student's Personal De	tails				
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	VIVEK KUMAR RAMDAYAL KRANTI DEVI MALE 2003-06-15 SC NO				
Student's Contact Det	ails				
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:		GULARIHA GORAKHPUR (273013) GULARIHA GORAKHPUR (273013) District : Alternate Mobile No. : Aadhar No.:	GORAKHPUR 9169856401 358267575867		
Student's Fee Details					
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500		
Transactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE		
Student's Subject List S.No. Exam Type Su 1 BACK PH	bject Code	Subject Name MAL PROPERTIES OF MATTER & 1	ELECTRONIC CIRCUITS)		
Declaration by the Stu	Ident				
		MADE ABOVE ARE TRUE TO THE Y CANDIDATURE CAN BE CANCELL			
			VIVEK KUMAR		
Declaration by The Co	llege		Signature of Student		
	IT.IS A BONAFIDE STUDENT OF .A	LL THE DOCUMENTS OF QULIFYING I	EXAMINATIONS HAS BEEN VERIFIE		
	RED DOCUMENTS ARE ATTACHED	WITH THIS EXAMINATION FORM.AT	TENDANCE IS MORE THAN 75% AN		



Roll No.: Course Name: Semeter:					2215077220298 B.Sc. II Semester (CBCS) 2	
Student's Personal D	eta	ails				
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:			ZAMAN KHAN KHATOON -10			
Student's Contact De	etai	ls				
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:		GHASIKA UTTAR PF 9532209	TRA NEW HAV RADESH	ELI DIST	GORAKHPUR 273001 GORAKHPUR 273001 District : Alternate Mobile No. : Aadhar No.:	GORAKHPUR 9532209767 860302664342
Student's Fee Details	5					
Mis No.: Transactionn Date.: Customer ID:			080201 023 00:00:00 080201_508		Registration and Examination Fee(Rs): Transaction No.: Payment Mode:	500 YCPN1891282885 ONLINE
Student's Subject Lis	st	,				
			oe Subject Co		Subject Name	
-	L 2	BACK BACK	MAT104 MAT105	MATR GEOM	ICES AND DIFFERENTIAL EQU ETRY	JATIONS
	НАТ	ALL THE			DE ABOVE ARE TRUE TO THE ANDIDATURE CAN BE CANCELL	BEST OF MY KNOWLEDGE AND LED Aisha
Declaration by The C	مالە					Signature of Student'
			TIDE STUDENT	OFALL	THE DOCUMENTS OF QULIFYING	EXAMINATIONS HAS BEEN VERIFIEI
					ITH THIS EXAMINATION FORM.AT	ITENDANCE IS MORE THAN 75% AN



Roll No.: Course Name: Semeter:		2215077220317 B.Sc. II Semester (CBCS) 2	B.Sc. II Semester (CBCS)		
Student's Personal D	etails				
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	ANANYA SRIVASTAVA MAHAVEER PRASAD SRIVAS SAROJ SRIVASTAVA FEMALE 2004-03-16 GEN NO	ΓΑVΑ			
Student's Contact De	tails				
Correspondence Address: Permanent Address: State :		(HANDI MANDIR, GORAKHPUR,27300) (HANDI MANDIR, GORAKHPUR,27300) District :			
Mobile No. : Email ID:	6388211830 Ananyasrivastava161@gmail	Alternate Mobile No. : .com Aadhar No.:	6388211830 219117955865		
Student's Fee Details	5				
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500		
Transactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE		
Student's Subject Lis	it				
5	BACK CHE104 BIO	Subject Name DORGANIC AND MEDICINAL CHE	MISTRY		
Declaration by the St	udent				
		MADE ABOVE ARE TRUE TO THE Y CANDIDATURE CAN BE CANCELL			
Declaration by The C	ollege		Signature of Student's		
-					
FOUND CORRECT AND REQU		LL THE DOCUMENTS OF QULIFYING F WITH THIS EXAMINATION FORM.AT			



Roll No.: Course Name: Semeter:			2215077220382 B.Sc. II Semester (CBCS) 2		
Student's Persor	nal Details				
Student's Name:	ARC	CHANA BHARATI			
Father's Name:		VAN PRASAD			
1other's Name:	MA	MTA DEVI			
Gender:		1ALE			
Date of Birth:	200)3-01-12			
Category:	SC				
Disability:	NO				
Student's Conta	ct Details				
Correspondence Addre	ess: CH/	ARIYAV KHAS JAGDISHPUR T	OLA POST SIRJAM GAURI BAZAR I	DEORIA UP	
Permanent Address:	CH	ARIYAV KHAS JAGDISHPUR T	OLA POST SIRJAM GAURI BAZAR I	DEORIA UP	
State :		AR PRADESH	District :	DEORIA	
Mobile No. :		8448719	Alternate Mobile No. :	8808448719	
Email ID:	bha	ratiarchana04@gmail.com	Aadhar No.:	363124801577	
Student's Fee De	etails				
Mis No.:	722	2235080201	Registration and Examination Fee(Rs):	500	
Fransactionn Date.:	16/	05/2023 00:00:00	Transaction No.:	YCPN1891282885	
Customer ID:	722	2235080201_508	Payment Mode:	ONLINE	
Student's Subjee	ct List				
	S.No. Exam T	ype Subject Code	Subject Name		
	1 BACK	PHY104 THERMA	L PHYSICS & SEMICONDUCTO	DR DEVICES	
Declaration by t	he Student				
			ANDIDATURE CAN BE CANCELL	BEST OF MY KNOWLEDGE ANI ED	
				Archang Bhazoti	
				Signature of Student's	
	he College				
Declaration by T					
CERTIFIED THAT SRI.) REQUIRED DO	CUMENTS ARE ATTACHED W		EXAMINATIONS HAS BEEN VERIFIEI TENDANCE IS MORE THAN 75% AN	



Roll No.:		2215077220396			
Course Name:		B.Sc. II Semester (CBCS)			
Semeter:		2			
Student's Personal De	etails				
Student's Name:	ARYATRA RAI				
Father's Name:	ABHAY RAI				
Mother's Name:	SANGEETA RAI				
Gender:	FEMALE				
Date of Birth:	2005-05-11				
Category:	GEN				
Disability:	NO				
Student's Contact De	tails				
Correspondence Address:	YADAV TOLA KALI MANDIR N	EAR LOTUS VALLY NAKHA GORAKHPU	JR		
Permanent Address:	CHANDI POST BANSGAON G	ORAKHPUR			
State :	UTTAR PRADESH	District :	GORAKHPUR		
Mobile No. :	7355621421	Alternate Mobile No. :	7355621421		
Email ID:	aryatra656m@gmail.com	Aadhar No.:	303282527007		
Student's Fee Details					
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500		
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885		
Customer ID:	7222235080201_508	Payment Mode:	ONLINE		
Student's Subject List	t				
	S.No. Exam Type Subject Code	e Subject Name			
	1 BACK HND100	RASHTRA GAURAV (COMPULSC	DRY)		
Declaration by the St	udent				
I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION M	ADE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AND		
		Y CANDIDATURE CAN BE CANCELL			
			Compation Post		
			Signature of Student's		
Declaration by The Co	ollege		-		
	IRED DOCUMENTS ARE ATTACHED	LL THE DOCUMENTS OF QULIFYING I WITH THIS EXAMINATION FORM.AT			
Signature of Office Assis		Signa	ture of Head/College Principal		



Roll No.: Course Name: Semeter:			2215077220401 B.Sc. II Semester (CBCS) 2	
Student's Perso	nal Details			
Student's Name:		JSHI GUPTA		
Father's Name:		ABH NATH GUPTA		
Mother's Name:		IDU GUPTA		The second
Gender:		MALE		
Date of Birth:		05-09-02		
Category:	OB			
Disability:	NO			6
Student's Conta	ct Details			
Correspondence Addr	ess: ISM	IAILPUR KOHAR TOL	GORAKHPUR 273001	
Permanent Address:			A GORAKHPUR 273001	
State :		TAR PRADESH	District :	GORAKHPUR
Mobile No. :		06594016	Alternate Mobile No. :	6306594016
Email ID:	gup	tabindu764@gmail.	om Aadhar No.:	890765149409
Student's Fee D	etails			
Mis No.:	722	22235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/	05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	722	22235080201_508	Payment Mode:	ONLINE
Student's Subje	ct List			
	S.No. Exam T	ype Subject Code	Subject Name	
	1 BACK	** *	IERMAL PHYSICS & SEMICONDUCT	FOR DEVICES
Declaration by t	he Student			
I SOLEMNLY DECL	ARE THAT ALL	THE INFORMATI	ON MADE ABOVE ARE TRUE TO TH	E BEST OF MY KNOWLEDGE AN
			Γ, MY CANDIDATURE CAN BE CANCE	LLED
				sayushi gupta
				Signature of Student's
				orginatare er otaaent
Declaration by 1	'he College			
	/KM / SMT.IS A B D REQUIRED DO	CUMENTS ARE ATTA	DFALL THE DOCUMENTS OF QULIFYING CHED WITH THIS EXAMINATION FORM.2	G EXAMINATIONS HAS BEEN VERIFIEI



Student's Personal De Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability: Student's Contact Deta Correspondence Address: Permanent Address: State : Mobile No. :	A RA SA FE 20 OI NO ails 31 31 U	AVITA MAUR EMALE 004-06-18 BC D 18 , BETIAH 18 , BETIAH	ATH MAURYA RYA	IPLIR	AYUSHI MAURYA DOB : 18-06-2004
Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability: Student's Contact Deta Correspondence Address: Permanent Address: State :	RA SA FE 20 01 NO ails 31 31 31 UT	AVINDRA NA AVITA MAUR EMALE D04-06-18 BC D L8 , BETIAH L8 , BETIAH	ATH MAURYA RYA	IPLIR	AYUSHI MAURYA DOB : 18-06-2004
Mother's Name: Gender: Date of Birth: Category: Disability: Student's Contact Deta Correspondence Address: Permanent Address: State :	SA FE 20 01 N0 ails 31 31	AVITA MAUR EMALE 004-06-18 BC D 18 , BETIAH 18 , BETIAH	ATA , GORAKH	IDIIR	AYUSHI MAURYA DOB : 18-06-2004
Gender: Date of Birth: Category: Disability: Student's Contact Deta Correspondence Address: Permanent Address: State :	FE 20 01 No ails 31 31 UT	EMALE 004-06-18 BC D 18 , BETIAH 18 , BETIAH	ATA , GORAKH	IDIIR	AYUSHI MAURYA DOB : 18-06-2004
Date of Birth: Category: Disability: Student's Contact Deta Correspondence Address: Permanent Address: State :	20 01 No ails 31 31 07	004-06-18 BC D L8 , BETIAH L8 , BETIAH		IPLIR	AYUSHI MAURYA DOB : 18-06-2004
Category: Disability: Student's Contact Deta Correspondence Address: Permanent Address: State :	01 No ails 31 31 07	BC D 18 , BETIAH 18 , BETIAH		IPLIR	AYUSHI MAURYA DOB : 18-06-2004
Disability: Student's Contact Deta Correspondence Address: Permanent Address: State :	NG ails 31 31 UT	D 18 , BETIAH 18, BETIAH4		IDIIR	AYUSHI MAURYA DOB : 18-06-2004
Student's Contact Deta Correspondence Address: Permanent Address: State :	ails 31 31 UT	L8 , BETIAH L8, BETIAHA		IDIIR	AYUSHI MAURYA DOB : 18-06-2004
Correspondence Address: Permanent Address: State :	31 31 UT	l8, BETIAHA		IPLIR	
Permanent Address: State :	31 U	l8, BETIAHA		PLIR	
State :	31 U	l8, BETIAHA			
	U		ATA, GORAKHP		
Mobile No. :	0-	UTTAR PRADESH		District :	GORAKHPUR
	9794879993			Alternate Mobile No. :	9794879993
Email ID:	Mauryarn15@gmail.com		gmail.com	Aadhar No.:	706356931545
Student's Fee Details					
Mis No.:	72	2222350802	201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00		00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	72	2222350802	201_508	Payment Mode:	ONLINE
Student's Subject List					
	S.No). Exam Tyj	pe Subject Co	de Subject Name	
	1	BACK	HND100	RASHTRA GAURAV (COMPULSC	DRY)
	2	BACK	NCC100	NATIONAL CADET CORPS	
Declaration by the Stu	dent	:			
-			FORMATION	MADE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AN
				AY CANDIDATURE CAN BE CANCELL	
					Aynshi Manerya
					Signature of Student'
Declaration by The Col	lege	ł			-
CERTIFIED THAT SRI. /KM / SM FOUND CORRECT AND REQUIF	T.IS A RED D	BONAFIDE OCUMENTS	ARE ATTACHE	ALL THE DOCUMENTS OF QULIFYING I ED WITH THIS EXAMINATION FORM.AT	
THE CANDIDATE IS ELIGIBLE F	OR AP	PPLIED EXA	MINATION.		
Signature of Office Assist	ant			Signa	ture of Head/College Princi



Roll No.:		2215077220476		
Course Name: Semeter:		B.Sc. II Semester (CBCS) 2		
Student's Personal De	etails			
Student's Name:	КИМКИМ			
Father's Name:	GOPAL PASWAN			
Mother's Name:	SAVITRI DEVI		100 001	
Gender:	FEMALE			
Date of Birth:	2003-08-06			
Category:	SC			
Disability:	NO			
Student's Contact Det	ails			
Correspondence Address:	DIWAN BAZAR, GORAKHPUR -27			
Permanent Address:	DIWAN BAZAR , GORAKHPUR -2	73001		
State :	UTTAR PRADESH	District :	GORAKHPUR	
Mobile No. :	7307963548	Alternate Mobile No. :	7307963548	
Email ID:	kumkumpaswan72@gmail.com	Aadhar No.:	762470151120	
Student's Fee Details				
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500	
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885	
Customer ID:	7222235080201_508	Payment Mode:	ONLINE	
Student's Subject List	:			
	S.No. Exam Type Subject Code	Subject Name		
		ASHTRA GAURAV (COMPULSC	DRY)	
Declaration by the Stu	udent			
I SOLEMNLY DECLARE TH	AT ALL THE INFORMATION MAD	DE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AND	
BELIEF. IF ANY INFORMAT	ION IS FOUND INCORRECT, MY C	ANDIDATURE CAN BE CANCELL	ED	
			Signature of Student's	
Declaration by The Co	llege			
	-			
	MT.IS A BONAFIDE STUDENT OFALL ' RED DOCUMENTS ARE ATTACHED WI FOR APPLIED EXAMINATION.			
Signature of Office Assis	stant	Siana	ture of Head/College Principal	
J		3.9.14	, <u>g</u>	



Roll No.:		2215077220483			
Course Name:		B.Sc. II Semester (CBCS)			
Semeter:		2			
Student's Personal De	etails				
Student's Name:	MANISHA KUMARI				
Father's Name:	UMESH PANDEY				
Mother's Name:	VIMLA DEVI		125		
Gender:	FEMALE				
Date of Birth:	2001-07-28				
Category:	GEN				
Disability:	NO		Martin State States		
Student's Contact Det	ails				
Correspondence Address:	JAMUNHA TOLA MAHESH PUR G	OPAL GANJ (BIHAR)			
Permanent Address:	JAMUNHA TOLA MAHESH PUR G	OPAL GANJ (BIHAR)			
State :	BIHAR	District :	GOPALGANJ		
Mobile No. :	7258909451	Alternate Mobile No. :	7258909451		
Email ID:	pandeypihu2001@gmail.com	Aadhar No.:	728892035269		
Student's Fee Details					
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500		
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885		
Customer ID:	7222235080201_508	Payment Mode:	ONLINE		
Student's Subject List	:				
	S.No. Exam Type Subject Code	Subject Name			
	1 BACK HND100 R	ASHTRA GAURAV (COMPULSC	DRY)		
Declaration by the Stu	udent				
			BEST OF MY KNOWLEDGE AND		
BELIEF. IF ANY INFORMAT	ION IS FOUND INCORRECT, MY C	ANDIDATORE CAN BE CANCELL	ED		
			Monisha Kimari		
			Signature of Student's		
Declaration by The Co	llege				
	RED DOCUMENTS ARE ATTACHED W		EXAMINATIONS HAS BEEN VERIFIED, TENDANCE IS MORE THAN 75% AND		
Signature of Office Assis		Signa	ture of Head/College Principal		



Roll No.:		2215077220497			
Course Name:		B.Sc. II Semester (CBCS)			
Semeter:		2			
Student's Personal De	tails				
Student's Name:	MONIKA CHAURASIYA				
Father's Name:	RAM PRATAP CHAURASIYA				
Mother's Name:	MEERA DEVI		100		
Gender:	FEMALE		1 - A		
Date of Birth:	2003-04-19				
Category:	OBC				
Disability:	NO		F. COL		
Student's Contact Deta	ails				
Correspondence Address:	KANDRAI, GORAKHPUR(27340)	1)			
Permanent Address:	KANDRAI, GORAKHPUR(27340	1			
State :	UTTAR PRADESH	District :	GORAKHPUR		
Mobile No. :	7458011453	Alternate Mobile No. :	7458011453		
Email ID:	monikachaurasiya318@gmail.c	om Aadhar No.:	977998905599		
Student's Fee Details					
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500		
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885		
Customer ID:	7222235080201_508	Payment Mode:	ONLINE		
Student's Subject List					
	S.No. Exam Type Subject Code	Subject Name			
[1 BACK COA104 PR	OBLEM SOLVING USING COMP	UTER		
Declaration by the Stu	dent				
		ADE ABOVE ARE TRUE TO THE CANDIDATURE CAN BE CANCELL	BEST OF MY KNOWLEDGE AND ED		
			Monika Chavrasiya		
			Signature of Student's		
Declaration by The Col	llege				
	RED DOCUMENTS ARE ATTACHED V		EXAMINATIONS HAS BEEN VERIFIED, TENDANCE IS MORE THAN 75% AND		
Signature of Office Assist	tant	Signa	ture of Head/College Principal		



Roll No.:		2215077220543	
Course Name:		B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal De	etails		
Student's Name:	PALLAVI DWIVEDI		
Father's Name:	JAIPRAKASH DWIVEDI		
Mother's Name:	SATYA DWIVEDI		
Gender:	FEMALE		
Date of Birth:	2003-01-19		
Category:	GEN		
Disability:	NO		
Student's Contact Det	tails		
Correspondence Address:	AMARI JHANGA POST-NARAY	APUR PIN CODE-274203	
Permanent Address:	AMARI JHANGA POST-NARAY	ANPUR PIN CODE-274203	
State :	UTTAR PRADESH	District :	DEORIA
Mobile No. :	9026675909	Alternate Mobile No. :	9026675909
Email ID:	pallavi90266@gmail.com	Aadhar No.:	546540857955
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List	t		
	S.No. Exam Type Subject Cod	e Subject Name	
	1 BACK HND100	RASHTRA GAURAV (COMPULSC	DRY)
Declaration by the St	udent		
		MADE ABOVE ARE TRUE TO THE	
BELIEF. IF ANY INFORMAT	TION IS FOUND INCORRECT, M	Y CANDIDATURE CAN BE CANCELL	ED
			Pallavi Dwivedi
			Signature of Student's
			Signature of Studelit S
Declaration by The Co	ollege		
FOUND CORRECT AND REQU		LL THE DOCUMENTS OF QULIFYING I WITH THIS EXAMINATION FORM.AT	
Signature of Office Assis		Signa	ture of Head/College Principal



Roll No.: Course Name: Semeter:				2215077220559 B.Sc. II Semester (CBCS) 2	
Student's Personal D	etails				
Student's Name:					
Father's Name: Mother's Name:	-	anjay mall Ambha dev:			C C C
Gender:		EMALE	L		a the second
Date of Birth:		002-03-04			CAR I
Category:		BC			No. State State
Disability:		0			
Student's Contact De					
Correspondence Address:	K	URMAUTA KI	JSHINAGAR		
Permanent Address:	K	URMAUTA KI	JSHINAGAR ,	UTTAR PRADESH-274402	
State :		TTAR PRADE	SH	District :	GORAKHPUR
Mobile No. :	-	9793751322		Alternate Mobile No. :	9793751322
Email ID:		ratima43200	2@gmail.com	Aadhar No.:	793064978697
Student's Fee Details					
Mis No.:	7	2222350802	01	Registration and Examination Fee(Rs):	500
Transactionn Date.:	1	6/05/2023 0	0:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7	2222350802	01_508	Payment Mode:	ONLINE
Student's Subject Lis					
	S.N		e Subject Coo		
	1	BACK	HND100	RASHTRA GAURAV (COMPULSC	DRY)
	2	BACK	NCC100	NATIONAL CADET CORPS	
Declaration by the St	uden	t			
				MADE ABOVE ARE TRUE TO THE IY CANDIDATURE CAN BE CANCELL	
					Biodimo rall
					Signature of Student'
Declaration by The C	ollege	9			
CERTIFIED THAT SRI. /KM / S	MT.IS A	BONAFIDE		ALL THE DOCUMENTS OF QULIFYING I D WITH THIS EXAMINATION FORM.AT	
FOUND CORRECT AND REQU THE CANDIDATE IS ELIGIBLI			AINATION.		



Back Examination Form for Even Sem (2022-23)

Roll No.: Course Name: Semeter:				2215077220565 B.Sc. II Semester (CBCS) 2	
Student's Per	sonal	Details			
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category:		YOGI ANIT FEM/ 2003 SC	TI KUMARI ENDRA KUMAR TA DEVI ALE 3-01-01		
Disability:		NO			AL KIRMOON
Student's Con	tact I	Details			
Correspondence Ac Permanent Address State : Mobile No. : Email ID:		BANS UTTA 6393	SGAON,273403 SGAON,273403 AR PRADESH 3341236 tikumari8920@gmail.com	District : Alternate Mobile No. : Aadhar No.:	GORAKHPUR 6393341236 295620365739
Student's Fee	Deta	ils			
Mis No.:	Detta		2235080201	Registration and Examination Fee(Rs):	500
Transactionn Date. Customer ID:	:		5/2023 00:00:00 2235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE
Student's Sub	ject l	List			
S.No. Exa	ım Typ	e Subject Co	de	Subject Name	
1 BA		PHY104		& SEMICONDUCTOR DEVICES	
2 BA	CK	PHY105	PRACTICAL (THERN	MAL PROPERTIES OF MATTER &	ELECTRONIC CIRCUITS)

CERTIFIED THAT SRI. /KM / SMT.IS A BONAFIDE STUDENT OF. ALL THE DOCUMENTS OF QULIFYING EXAMINATIONS HAS BEEN VERIFIED, FOUND CORRECT AND REQUIRED DOCUMENTS ARE ATTACHED WITH THIS EXAMINATION FORM.ATTENDANCE IS MORE THAN 75% AND THE CANDIDATE IS ELIGIBLE FOR APPLIED EXAMINATION.

Signature of Office Assistant

Signature of Head/College Principal



Roll No.: Course Name:			2215077220598 B.Sc. II Semester (CBCS)	
Semeter:			2	
Student's Personal	Details			
Student's Name:	RAMA MIS	HRA		
Father's Name:	RAM NATH	H MISHRA		
Mother's Name:	RENU MIS	HRA		and the second s
Gender:	FEMALE			The second secon
Date of Birth:	2001-07-2	29		101
Category:	GEN			
Disability:	NO			T CALLER T
Student's Contact D	etails			
Correspondence Address:	GYAN PRA 273016	BHA NILAY,H.N	D.9 , NEAR AMBICA SINGHS HOUSE , RU	JSTAMPUR , GORAKHPUR PIN-
Permanent Address:		BHA NILAY,H. N	O. 9, NEAR AMBICA SINGHS HOUSE, RU	JSTAMPUR ,GORAKHPUR PINCODE-
State :	UTTAR PR	ADESH	District :	GORAKHPUR
Mobile No. :	95550029	94	Alternate Mobile No. :	9555002994
Email ID:	ramamish	ra73038@gmail	.com Aadhar No.:	282757645970
Student's Fee Detai	ls			
Mis No.:	72222350	80201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/202	23 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	72222350	80201_508	Payment Mode:	ONLINE
Student's Subject L	ist			
	S.No. Exam Typ	e Subject Code	Subject Name	
	1 BACK	CHE104	BIOORGANIC AND MEDICINAL CHE	EMISTRY
Declaration by the S	Student			
			N MADE ABOVE ARE TRUE TO THE	
BELIEF. IF ANY INFORM	ATION IS FOUN	D INCORRECT,	MY CANDIDATURE CAN BE CANCEL	LED
				Rama Mishra
				Signature of Student'
Declaration by The	College			
	SMT IS A DONAEI	DE STUDENT O	ALL THE DOCUMENTS OF QULIFYING	EXAMINATIONS HAS BEEN VERIFIE
FOUND CORRECT AND REC	QUIRED DOCUMEN	NTS ARE ATTAC	HED WITH THIS EXAMINATION FORM.AT	
	QUIRED DOCUMEN LE FOR APPLIED E	NTS ARE ATTAC	HED WITH THIS EXAMINATION FORM.AT	



Roll No.: Course Name: Semeter:					2215077220611 B.Sc. II Semester (CBCS) 2	
Student's Pei	rsona	l Details				
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:		TI Si Fi 2	JCHI PANDEY RIVENDRA PAN ARITA PANDEY EMALE 004-01-01 EN O	DEY		
Student's Coi	ntact	Details				
Correspondence A Permanent Addres State : Mobile No. : Email ID:		V: U 8!		POST:- BAGHF	AIN,BANSGAON DIST:- GORAKHPU AIN ,BANSGAON ,DIST:-GORAKHP District : Alternate Mobile No. : Aadhar No.:	
Student's Fee	e Deta	ails				
Mis No.: Transactionn Date Customer ID:	.:	10	222235080201 5/05/2023 00:0 222235080201		Registration and Examination Fee(Rs): Transaction No.: Payment Mode:	500 YCPN1891282885 ONLINE
Student's Sul	piect					0
	-		pe Subject Coo	de	Subject Name	
	1	BACK	CHE104	BIOORGAN	NIC AND MEDICINAL CHEMIST	RY
	2 3	BACK BACK	CHE105 BOT107		CAL ANALYSIS E MANAGEMENT AND ZERO W	ASTE CAMPUS
Declaration k	w the	Student	<u> </u>			
Declaration b				RMATION MA	DE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE A
BELIEF. IF ANY	INFOR	MATION I	S FOUND INC	ORRECT, MY (CANDIDATURE CAN BE CANCEL	Signature of Student
Declaration b	y The	e College				
	SDI /IZA	M / SMT.IS A	BONAFIDE STU	JDENT OFALL	THE DOCUMENTS OF QULIFYING	EXAMINATIONS HAS BEEN VERIFI
	AND R	EQUIRED D	OCUMENTS AR		VITH THIS EXAMINATION FORM.AT	FTENDANCE IS MORE THAN 75% A



Roll No.:		2215077220651	
Course Name:		B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal De	tails		
Student's Name:	SHABEENA SIDDIQUI		
Father's Name:	ABDULLAHSIDDIQUI		
Mother's Name:	NAJNEEN SIDDIQUI		
Gender:	FEMALE		
Date of Birth:	2002-10-25		
Category:	GEN		
Disability:	NO		
Student's Contact Det	ails		
Correspondence Address:	123 , GHOSIPUR , NEAR FAI	ZY PRESS , THANA TIWARIPUR , GOR	AKHPUR- (273001)
Permanent Address:	123, GHOSIPUR, NEAR FAI	ZY PRESS , THANA TIWARIPUR ,GORA	AKHPUR- (273001)
State :	UTTAR PRADESH	District :	GORAKHPUR
Mobile No. :		Alternate Mobile No. :	
Email ID:		Aadhar No.:	206985700546
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List			
	S.No. Exam Type Subject Cod	e Subject Name	
	1 BACK HND100	RASHTRA GAURAV (COMPULSO	DRY)
Declaration by the Stu	ıdent		
		MADE ABOVE ARE TRUE TO THE Y CANDIDATURE CAN BE CANCELL	
	,		
			and state
			Signature of Student's
Declaration by The Co	llege		-
	RED DOCUMENTS ARE ATTACHE	ALL THE DOCUMENTS OF QULIFYING D WITH THIS EXAMINATION FORM.AT	
Signature of Office Assis	tant	Signa	ture of Head/College Principal



Roll No.: Course Name:			2215077220658 B.Sc. II Semester (CBCS)	
Semeter: Student's Perso	nal Details		2	
Student's Name: Father's Name:		ama khatoon .Leem khan		
Mother's Name:				
Gender:		MALE		
Date of Birth:		103-07-03		
Category: Disability:	GE			
-		1		
Student's Conta	ct Details			
Correspondence Addre	ess: GA	NGA TOLA BASHARATPU	JR GORAKHPUR UTTAR PRADESH,27300	3
Permanent Address:	GA	NGA TOLA BASHARATPU	JR GORAKHPUR UTTAR PRADESH,27300	3
State :		TAR PRADESH	District :	GORAKHPUR
Aobile No. :		60849466	Alternate Mobile No. :	7860849466
mail ID:	sk	9987145@gmail.com	Aadhar No.:	221248880113
Student's Fee D	etails			
lis No.:	72	22235080201	Registration and Examination Fee(Rs):	500
Fransactionn Date.:	16,	/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	72	22235080201_508	Payment Mode:	ONLINE
Student's Subje	ct List			
	S.No. Exam 7	Гуре Subject Code	Subject Name	
	1 BACK	PHY104 THE	RMAL PHYSICS & SEMICONDUCTO	R DEVICES
Declaration by t	he Student			
Declaration by t				RECT OF MY KNOWLEDGE AN
SOLEMNLY DECLA	ARE THAT ALI		I MADE ABOVE ARE TRUE TO THE MY CANDIDATURE CAN BE CANCELL	
SOLEMNLY DECLA	ARE THAT ALI		I MADE ABOVE ARE TRUE TO THE MY CANDIDATURE CAN BE CANCELL	ED
SOLEMNLY DECLA	ARE THAT ALI			ED Signature of Applicant
SOLEMNLY DECLA	ARE THAT ALI			ED Signature of Applicant
SOLEMNLY DECLA	ARE THAT ALI			Signature of Applicant
SOLEMNLY DECL	ARE THAT ALI ORMATION IS			
SOLEMNLY DECL	ARE THAT ALI ORMATION IS			Signature of Applicant
SOLEMNLY DECLA BELIEF. IF ANY INF Declaration by 1	ARE THAT ALI ORMATION IS The College /KM / SMT.IS A I D REQUIRED DO	FOUND INCORRECT,		ED Signature of Applicant Signature of Student



Roll No.: Course Name: Semeter:		2215077220691 B.Sc. II Semester (CBCS) 2	
Student's Personal De	etails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category:	SHRISTI UPADHYAY GIRJESH UPADHYAY SARITA UPADHYAY FEMALE 2004-09-19 GEN NO		
Disability: Student's Contact Det	-		No. Contraction
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:	RAMPUR THWAIPAR PARUSRAI RAMPUR THWAIPAR PARUSRAI UTTAR PRADESH 9452286377 chitransh6768@gmail.com		GORAKHPUR 9452286377 745600894953
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE
Student's Subject List S.No. Exam Type Su 1 BACK PI	ubject Code	Subject Name IAL PROPERTIES OF MATTER & 1	ELECTRONIC CIRCUITS)
	IAT ALL THE INFORMATION MA	ADE ABOVE ARE TRUE TO THE	
BELIEF. IF ANY INFORMAT	ION IS FOUND INCORRECT, MY	CANDIDATURE CAN BE CANCELL	Shuist Upadhyay
Declaration by The Co	lless		Signature of Student'
	MT.IS A BONAFIDE STUDENT OFAL	L THE DOCUMENTS OF QULIFYING I WITH THIS EXAMINATION FORM AT	EXAMINATIONS HAS BEEN VERIFIEI TENDANCE IS MORE THAN 75% AN
-	FOR APPLIED EXAMINATION.		



Roll No.:		2215077220692	
Course Name:		B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal Deta	ails		
Student's Name:	SHRUTI CHAURASIAY		
Father's Name:	JAYNATH CHAURASIYA		
Mother's Name:	ANITA CHAURASIYA		0.0
Gender:	FEMALE		
Date of Birth:	2004-06-23		
Category:	OBC		
Disability:	NO		Sec.
Student's Contact Deta	ils		
Correspondence Address:	VIJAY CHAWK GORAKHPUR VIJAY	CHAWK GORAKHPUR	
Permanent Address:	SHAHPUR MAHUAWA BUJURG DIS	STRICT KUSHINAGAR PINCODE 2	74149
State :	UTTAR PRADESH	District :	KUSHI NAGAR
Mobile No. :	6386869232	Alternate Mobile No. :	6386869232
Email ID:	shrutichaurasiya454@gmail.com	Aadhar No.:	393963030076
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List			
	S.No. Exam Type Subject Co	de Subject Name	
	1 BACK NCC100	NATIONAL CADET CORPS	
Declaration by the Stud	lent		
			BEST OF MY KNOWLEDGE AND
BELIEF. IF ANY INFORMATIC	ON IS FOUND INCORRECT, MY CA	NDIDATURE CAN BE CANCELL	ED
			Struti chaussery.
			Signature of Student's
Declaration by The Coll	ege		-
	ED DOCUMENTS ARE ATTACHED WI		EXAMINATIONS HAS BEEN VERIFIED, TENDANCE IS MORE THAN 75% AND
Signature of Office Assista	ant	Signa	ture of Head/College Principal



Roll No.: Course Name: Semeter:		2215077220695 B.Sc. II Semester (CBCS) 2	
Student's Personal De	etails		
Student's Name: Father's Name: Mother's Name: Gender: Date of Birth: Category: Disability:	SHRUTI TIWARI SHIV KUMAR TIWARI GUDDI DEVI FEMALE 2002-03-28 GEN NO		
Student's Contact Det	tails		
Correspondence Address: Permanent Address: State : Mobile No. : Email ID:		ATHIA DIST GORAKHPUR PIN CODE 2734 ATHIA DIST GORAKHPUR PIN CODE 2734 District : Alternate Mobile No. : om Aadhar No.:	
Student's Fee Details			
Mis No.: Transactionn Date.: Customer ID:	7222235080201 16/05/2023 00:00:00 7222235080201 508	Registration and Examination Fee(Rs): Transaction No.: Payment Mode:	500 YCPN1891282885 ONLINE
Student's Subject List			
	- No. Exam Type Subject Code BACK MAT104 BACK HND100	Subject Name MATRICES AND DIFFERENTIAL EQU RASHTRA GAURAV (COMPULSORY)	
Declaration by the Stu		N MADE ABOVE ARE TRUE TO THE	RECT OF MY KNOWLEDGE AN
		, MY CANDIDATURE CAN BE CANCELI	LED
			Shruti timari
			Signature of Student
Declaration by The Co	_		
	IRED DOCUMENTS ARE ATTAC	FALL THE DOCUMENTS OF QULIFYING CHED WITH THIS EXAMINATION FORM.AT	
THE CANDIDATE IS ELIGIBLE	FOR APPLIED EXAMINATION.		



Semeter:		2215077220714 B.Sc. II Semester (CBCS) 2	
Student's Personal De	tails		
Student's Name: Father's Name: Mother's Name: Gender:	SNEHA SINGH RAJKUMAR SINGH SUNITA SINGH FEMALE		
Date of Birth: Category: Disability:	2004-10-16 OBC NO		
Student's Contact Deta	ails		
Correspondence Address: Permanent Address: State : Aobile No. : Email ID:	BHAGTA, KUNRAGHAT, GORAKI BHAGTA, KUNRAGHAT, GORAKI UTTAR PRADESH 9935926288 Rajpootprinters@gmail.com		GORAKHPUR 9935926288 760489645510
Student's Fee Details		Addinar No	700405045510
Ais No.:	7222235080201	Registration and Examination Fee(Rs):	500
Fransactionn Date.: Customer ID:	16/05/2023 00:00:00 7222235080201_508	Transaction No.: Payment Mode:	YCPN1891282885 ONLINE
Student's Subject List			
S.No. Exam Type Su 1 BACK PH	÷	Subject Name AL PROPERTIES OF MATTER &	ELECTRONIC CIRCUITS)
Declaration by the Stu	ıdent		
	AT ALL THE INFORMATION MA ION IS FOUND INCORRECT, MY		
			0
	llana		0 Signature of Student'
Declaration by The Co	llege TI.IS A BONAFIDE STUDENT OFALI RED DOCUMENTS ARE ATTACHED V		EXAMINATIONS HAS BEEN VERIFIE



Course Name: Semeter:					2215077220735 B.Sc. II Semester (CBCS) 2	
Student's Per	sona	al Detai	ils			
Student's Name:			SWATI TIWARI			1
Father's Name:			SATYENDRA TI	WARI		
Mother's Name:			GEETA DEVI			
Gender:			FEMALE			
Date of Birth:			2003-10-02			Swati Tiwari
Category:			GEN			DOB : 02-10-2003
Disability:			NO			Contraction of the local division of the loc
Student's Con	tact	: Detail	S			
Correspondence Ad	ddres	s:	273008			
Permanent Address	5:		273008			
State :			UTTAR PRADES	ίΗ	District :	GORAKHPUR
Mobile No. :			8115277320		Alternate Mobile No. :	8115277320
Email ID:			swatitiwari8733	3@gmail.com	Aadhar No.:	955393567163
Student's Fee	Det	ails				
Mis No.:			722223508020	1	Registration and Examination Fee(Rs):	500
Transactionn Date.	:		16/05/2023 00	:00:00	Transaction No.:	YCPN1891282885
Customer ID:			722223508020	1_508	Payment Mode:	ONLINE
Student's Sub	ject	List				
	S.N	o. Exam 7	Type Subject Co	ode	Subject Name	
	1	BACK	BOT105	LAND PLAN	NTS ARCHITECTURE	
	2	BACK	ZOO105	PHYSIOLOO	GICAL, BIOCHEMICAL & HAEM	ATOLOGY LAB
				1		
	y the	e Stude	ent			
Declaration by			ALL THE INFO	ORMATION MA	DE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE AN
Declaration by						
I SOLEMNLY DE		RMATION		CORRECT, MY	CANDIDATURE CAN BE CANCELL	.ED
I SOLEMNLY DE		RMATION		CORRECT, MY	CANDIDATURE CAN BE CANCELL	.ED
I SOLEMNLY DE		RMATION		CORRECT, MY	CANDIDATURE CAN BE CANCELL	
I SOLEMNLY DE		RMATION		CORRECT, MY	CANDIDATURE CAN BE CANCELL	.ED
I SOLEMNLY DE BELIEF. IF ANY I	NFO		N IS FOUND IN	CORRECT, MY	CANDIDATURE CAN BE CANCELL	ED Swadti Trudani
I SOLEMNLY DE BELIEF. IF ANY I Declaration by CERTIFIED THAT S	y Th	e Colle	N IS FOUND IN ge S A BONAFIDE ST	FUDENT OFALI	. THE DOCUMENTS OF QULIFYING I	ED Signature of Student EXAMINATIONS HAS BEEN VERIFIE
I SOLEMNLY DE BELIEF. IF ANY I Declaration by CERTIFIED THAT S	y Th RI. /K AND F	e Colle M / SMT.I: REQUIRED	ge S A BONAFIDE ST D DOCUMENTS A	FUDENT OFALI RE ATTACHED V		ED Signature of Student EXAMINATIONS HAS BEEN VERIFIE



Course Name: Semeter:		2215077220753 B.Sc. II Semester (CBCS) 2	
Student's Personal Det	ails		
Student's Name:	VANDANA YADAV		
Father's Name:	SHYAM SINGH YADAV		
Mother's Name:	MALTI DEVI		
Gender:	FEMALE		- 10 T
Date of Birth:	2004-08-07		
Category:	OBC		
Disability:	NO		
Student's Contact Deta	ils		
Correspondence Address:	NEW COLONY MADHOPUR SI	URAJKUND GORAKHPUR (273015)	
Permanent Address:	NEW COLONY MADHOPUR SU	URAJKUND GORAKHPUR (273015)	
State :	UTTAR PRADESH	District :	GORAKHPUR
Mobile No. :	7268849499	Alternate Mobile No. :	7268849499
Email ID:	Vy852609@gmail.com	Aadhar No.:	979492158330
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List			
S.No. Exam Type Sub	ject Code	Subject Name	
	Y105 PRACTICAL (THER	MAL PROPERTIES OF MATTER & 1	ELECTRONIC CIRCUITS)
1 BACK PHY			/
	d a m b		
Declaration by the Stud		MADE ABOVE ARE TRUE TO THE	BEST OF MY KNOWLEDGE A
Declaration by the Stud	T ALL THE INFORMATION I	MADE ABOVE ARE TRUE TO THE Y CANDIDATURE CAN BE CANCELL	
Declaration by the Stud	T ALL THE INFORMATION I		
Declaration by the Stud	T ALL THE INFORMATION I		ED
Declaration by the Stud I SOLEMNLY DECLARE THA BELIEF. IF ANY INFORMATIO	T ALL THE INFORMATION I ON IS FOUND INCORRECT, M		ED Vandana Yadar
Declaration by the Stud I SOLEMNLY DECLARE THA BELIEF. IF ANY INFORMATIO Declaration by The Coll CERTIFIED THAT SRI. /KM / SMT	T ALL THE INFORMATION I ON IS FOUND INCORRECT, M ege LIS A BONAFIDE STUDENT OF. A ED DOCUMENTS ARE ATTACHEI		ED Vandana Yadar Signature of Studen EXAMINATIONS HAS BEEN VERIFI



Roll No.: Course Name:		2215077220756 B.Sc. II Semester (CBCS)	
Semeter:		2	
Student's Personal De	etails		
Student's Name:	VIJAYLAXMI PRAJAPTI		
Father's Name:	UMESH CHAND PRAJAPATI		
Mother's Name:	GUDIYA DEVI		
Gender:	FEMALE		
Date of Birth:	2004-03-13		
Category:	OBC		Maria Serias VI
Disability:	NO		
Student's Contact Det	ails		
Correspondence Address:	RAMPUR BUJUNG DUMARI R	HASH 273202	
Permanent Address:	RAMPUR BUJUNG DUMARI R		
State :	UTTAR PRADESH	District :	GORAKHPUR
Mobile No. :	7379033829	Alternate Mobile No. :	7379033829
Email ID:	Gudiyaprajapati88969@gma	il.com Aadhar No.:	354415096154
Student's Fee Details			
Mis No.:	7222235080201	Registration and Examination Fee(Rs):	500
Transactionn Date.:	16/05/2023 00:00:00	Transaction No.:	YCPN1891282885
Customer ID:	7222235080201_508	Payment Mode:	ONLINE
Student's Subject List	:		
S.I	No. Exam Type Subject Code	Subject Name	
1	BACK CHE104 BI	OORGANIC AND MEDICINAL CHE	MISTRY
Declaration by the Stu	ıdent		
		MADE ABOVE ARE TRUE TO THE Y CANDIDATURE CAN BE CANCELL	
	,		vijaylazni Brajstot
			Signature of Student's
Declaration by The Co	llege		_
FOUND CORRECT AND REQUI		ALL THE DOCUMENTS OF QULIFYING F D WITH THIS EXAMINATION FORM.AT	
HE CANDIDATE IS ELIGIBLE			