



Dr. RIZVI COLLEGE OF ENGINEERING

KARARI, KAUSHAMBI (U. P.) – 212 206

PLACEMENT FORM

(Only for College student)

STUDENT NAME:

COURSE NAME:

BRANCH NAME:

SEMESTER:

CLASS	BOARD / UNIVERSITY	TOTAL MARKS	OUT OF	PERCENTAGE
HIGH SCHOOL				
INTER MEDIATE				

FOR DIPLOMA HOLDER / LITERAL ENTRY CANDIDATE

NAME OF DEGREE / DIPLOMA	BOARD / UNIVERSITY	TOTAL MARKS	OUT OF	PERCENTAGE

B. TECH / MBA MARKS DETAILS

SEM I	SEM II	SEM III	SEM IV	SEM V	SEM VI	SEM VII	SEM VIII

IN CASE OF BACK PAPER IN B. TECH / MBA

(Describe the subject name and code).

SEM I	
SEM II	
SEM III	

SEM IV	
SEM V	
SEM VI	
SEM VII	
SEM VIII	

TRAINING / EXTRA ACTIVITIES

1.
2.
3.

ADDRESS:

.....

CITY: STATE:

ZIP CODE:

E MAIL:

CONTACT NO:

GUARDIAN'S NAME:

GUARDIAN'S CONTACT NO:

DECLARATION:

I hear by declare that all above given information about me is true. In case of any wrong information my placement form must be rejected.

DATE: / /

SIGNATURE

