



**MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY, WEST BENGAL**  
 (FORMERLY KNOWN AS WEST BENGAL UNIVERSITY OF TECHNOLOGY)  
 Main Campus : Haringhata, Nadia, Pin-741249  
 Kolkata Campus : BF-142, SECTOR-I, SALT LAKE CITY, KOLKATA-700 064, (INDIA)  
 Website : www.wbut.ac.in

**Special alternative method of evaluation for even sem 2019-20 for REGULAR Student  
 (Covid-19 pandemic situation and as per advisory)**

I hereby apply for the alternative assessment process as prescribed by the appropriate authority of the University in Covid-19 pandemic situation with the following details.

**Application Form for** : Eight Semester Examination 2019-2020

**For The Degree of** : Bachelor of Technology in Information Technology

<b>Name</b>	: RITESH RANJAN
<b>REG. NO.</b>	: 161030110164 OF 2016-2017
<b>Roll. NO.</b>	: 10300216025
<b>Institute Name(Code)</b>	: HALDIA INSTITUTE OF TECHNOLOGY-103

PAPER CODE	PAPER NAME	PAPER TYPE
HU801B	PROJECT MANAGEMENT	Theory Paper
IT801D	CRYPTOGRAPHY & NETWORK SECURITY	Theory Paper
IT802B	CYBER LAW & SECURITY POLICY (HSS)	Theory Paper
IT891	DESIGN LAB / INDUSTRIAL PROBLEM RELATED PRACTICAL	Practical Paper
IT892	PROJECT-2	Sessional Paper
IT893	GRAND VIVA	Sessional Paper

I declare that I have fulfilled the criteria for applying in the above evaluation process as a Regular / Back paper Candidate as per alternative assessment process due to Covid-19 pandemic situation. I am agreed with the alternate method of evaluation as prescribed by appropriate authority as per notice Ref.No. COE/MAKAUT,WB/43/2020 dated 30/06/2020 and declare that I shall accept the assessment process in Covid-19 pandemic situation for even semester 2019-20. I may apply for special examination after the Covid-19 situation is normalized if I am not satisfied with this process and result of the special examination would be binding on me irrespective of increase / decrease of marks and status of pass/fail.

**Last Date Of submission of form to the respective institutes by the students :5th July 2020**

.....  
**Full Signature of the applicant with Date.**

**I certify that**

1. The Statements made by the applicant are correct.
2. He/She was admitted to the Institute as per University regulations.
3. He/She has diligently and regularly pursued his/her studies and
4. He/She has attended.....%(in word ..... ) of lectures.

.....  
**Signature of the Principal / Director of the Institute/ College with date and seal.**

**N.B.**

1. Examination Fees Rs. 1200/- (Not refundable)
2. Students are required to submit the form to their Institution only.
3. If any of the Statements mentioned above is incorrect, the Examination of the Candidate is liable to be cancelled by the University.

Receipt No.	Date of Payment	Exam Fees	Payment Status
MK34925f0412a3d90c1	07-07-2020 11:46:31	1200	Paid