

NAME OF COMPANY _____
BRANCH / SPECIALISATION _____ (UG / PG) _____



THAPAR UNIVERSITY, PATIALA

(Formerly known as Thapar Institute of Engg. & Tech.)

(Established under section 3 of UGC Act, 1956 vide notification # F-12/84-U.3 of Government of India)

NAME : _____

BRANCH : _____

ROLL NO. : _____ YEAR OF PASSING OUT: _____

CENTRE FOR INDUSTRIAL LIAISON & PLACEMENT (CILP)

INDUSTRIAL COORDINATOR

Phone : (0175) 2393005, 2393002, Fax: (0175) 2393005, 2364498

E-mail : bawa_hs@yahoo.co.in, hsbawa@tiet.ac.in

PERSONAL INFORMATION

Full Name in Block Letters _____

Date of Birth _____

Age _____

Citizenship _____

Gender Male/Female

Correspondence Address _____

City _____ Pin _____ State _____

Telephone Numbers _____

Permanent Address _____

City _____ Pin _____ State _____

Telephone Numbers _____

E-mail ID _____ @ _____

Father's/Guardian's Name _____

& Occupation _____

Mother's Name _____

& Occupation _____

Paste Your Recent
Passport Size
Photograph

Language	Understand (✓ / X)	Speak (✓ / X)	Read (✓ / X)	Write (✓ / X)

ACADEMIC RECORD:

Examination Passed	Univ./Board	Year of Passing	Maximum Marks	Marks Obtained	%age	Division
Class X						
Class XII						
Diploma						

BACHELOR OF ENGINEERING (BE/B.TECH), GRADUATION:

Examination Passed	Univ./Board	Year of Passing	Maximum Marks/CGPA	Marks/CGPA Obtained	CGPA/%age	Division
1st Semester						
2nd Semester						
3rd Semester						
4th Semester						
5th Semester						
6th Semester						
7th Semester						
8th Semester						

MASTER OF ENGINEERING (ME/M.TECH/MCA/M.Sc.):

Examination Passed	Univ./Board	Year of Passing	Maximum Marks/CGPA	Marks/CGPA Obtained	CGPA/%age	Division
1st Semester						
2nd Semester						
3rd Semester						
4th Semester						
5th Semester						
6th Semester						

Latest CGPA till last result declared	B.E/B.TECH	
	M.E/M.TECH/MCA/M.Sc.	

ACADEMIC ACHIEVEMENTS:

SUMMER TRAINING/ PROJECT SEMESTER UNDERTAKEN:

EXTRA CURRICULAR ACTIVITIES:

OTHER INFORMATION:

I hereby declare that the particulars given herein are true and complete to the best of my knowledge and belief.

Place:_____

Date:_____

Signature_____