



ISO 9001-2:008

KAMLA RAHEJA VIDYANIDHI INSTITUTE FOR ARCHITECTURE AND ENVIROMENTAL STUDIES

Vidyanidhi Bhavan II Vidyanidhi Marg, JVPD Scheme, Mumbai - 400049

Phone No. : 26700918 Fax: 26208547

E-mail : admin@krvia.ac.in , Website : www.krvia.ac.in

Affiliated to University of Mumbai

Photo

Examination Fee Rs. 900/-

Fee for statement of marks Rs. 50/-

TO BE ENTERED BY THE STUDENTS

IMPORTANT INSTRUCTION : ENTER ALL PARTICULARS NEATLY IN CAPITAL LETTERS WITH DARK BLACK PEN

Application for Examination to the **B. Arch. Semester-I**

1 NAME

Surname

First/ Own Name

Father's/Husband's First Name

Mother's First Name

Surname First Name Fater's/ Husband's Name Mother's Name

2 COMPLETE LOCAL POSTAL ADDRESS :

Pin :

3 Sex 4 Category

1 = Male 1 = Open

2 = Female 2 = SC

5 Student Type 3 = ST

1 = Student 4 = VJNT

2 = Ex-Student 5 = OBC

6 SBC

Email Id : _____ Contact No. : _____

TO BE ENTERED BY THE OFFICE ONLY

6 Subject Offered

Sub. code	Subject Name	Marks Obtained	
		Theory	Internal Work
BRC101	Architectural Design Studio-I		
BRC102	Allied Design Studio-I		
BRC103	Architectural Building Construction-I		
BRC104	Theory & Design of Structures-I		
BRC105	Humanities-I		
BRC106	Environmental Studies-I		
BRC107	Architectural Representation & Detailing-I		
BRP120	College Projects-I		
BRE121	Elective-I		

7 Admission Type

1 = Provisional

2 = Non-Provisional

8 Exam. Session

1 = First Half

2 = Second Half

9 To be filled in by Repeaters (Sem. _____ Examination

Last Seat Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Documents Required (Xerox Copy) Mark Sheet

Place: _____

Date : _____

Signature of the Candidate _____

Place: _____

Date : _____

Principal's Signature _____