

APPLICATION FOR RE-ADMISSION IN (B.Tech /B.Pharmacy /MBA)

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|----|---|-----------------------------|
| 1 | Name of the Student/Address (In CAPITAL LETTERS) | |
| 2 | Hall Ticket No. | |
| 3 | Branch | |
| 4 | Course | |
| 5 | Re-admission Category | |
| | a) Shortage of attendance | Yes / No |
| | b) Shortage of Credits | Yes / No |
| | c) Any other reason | Yes / No |
| 6 | Re-admitting to | Year: _____ Semester: _____ |
| 7 | Applying for Re-admission during the Academic year with regulations | _____ Regulation |
| 8 | Details of Regulations Studied | _____ Regulation |
| 9 | E-mail | |
| | Phone No. | |
| 10 | Required Documents to be enclosed | |

DECLARATION

I, hereby declare that all the details furnished above are true and correct to best of my knowledge and belief, the Institute may cancel the same if found incorrect at any time.

Place:

Signature of the Candidate

Date:

Remarks of Dean/HoD

Signature of Dean/HoD