



SANDIP UNIVERSITY

Mahiravani, Trimbak Road, Nashik - 422 213

Website: <http://www.sandipuniversity.edu.in> Email: info@sandipuniversity.com

Ph: (02594) 222 541 Fax: (02594) 222 555

RE-REGISTRATION FORM

Self-Attested
Passport Size
Photo

To
The Registrar
Sandip University
Nashik.

PRN:

Sir,

I want to Re-Register for the _____
course during the academic year 20 -20

Name of the School _____

First Year Second Year Third Year Fourth Year Fifth Year

1. Personal Details (in BLOCK letters only as per last exam)

a) Full Name: _____
(Surname) (First Name) (Middle Name) (Mother's Name)

b) In Devanagari: _____

c) Gender: Male Female

d) Blood Group: _____ Aadhaar Card No. _____

e) Mobile No: Parent- _____ Student - _____

f) Cast: _____ Category: SC / ST / NT / OBC / OPEN / Others _____

2. Academic Details:

Please provide details and documentation of current studies (last Semester mark list)

Sr. No.	Month & Year of last appearance of Examination	Semester	GPA	Tick box if certified documents attached
1.				

UNDERTAKING

1. I hereby submit to the disciplinary jurisdiction of the vice-chancellor and the other officers and authorities of the University and the authorities of institute and shall observe and abide by the rules made by the Head of the Institution.
2. I have carefully noted the rules for admission as given in the prospectus, which I require to follow for getting admission to the _____ course and shall in matters of the interpretation accept the decision given by the Competent Authority of University in this respect as final and binding.
3. I shall attend minimum 80% of the lectures for each course as per the rules of University, failing which the candidate could not able to appear for Internal & External Examination of Sandip University, Nashik.
4. The Competent Authority of University is authorized to take disciplinary action (including cancellation of term or prohibiting candidate to appear for internal or external exam) for short of attendance in class or for indiscipline or for improper / objectionable behavior in and outside the class.

Date: / / 20

Signature of Candidate

FOR OFFICE USE ONLY

Mr. / Miss. /Mrs. _____ has fulfilled all the eligibility conditions of Re-registration. Hence, I recommended his / her admission.

Dean / HoD

.....
Total fees charged: Rs. _____ Total Fees Received: Rs. _____

Receipt No. & Date: _____

Signature of Cashier / Accountant

.....
Mr. / Miss. / Mrs. _____ has been Re-Registered /notRe-Registered to _____ course for the academic year 20 - 20

Remarks: Registrar