

<u>APPLICATION FOR RE – ADMISSION</u>

10 -		
	egistrar	
	ency University	
Kolkat	$ta - 700\ 073$	Date:
Sir,		
<i>211</i> ,	I wish to apply for re – admission to for the following reasons :	class in the session
1	C	
1.		
		Examination.
2.		Examination.
3.		Examination on Medical ground
4.	Name withdrawn for the session	on Medical ground or any other reasons.
I s	hall abide by the rules and regulations p	ertinent to readmission of this university
	Name(in Block Letters)	Yours obediently,
	Department	· -
		egistration No of 20
	Ac	ddress
		e filled in by the Students) and Recommendations
	Reports	and recommendations
	of the Department: (Strictly Confidential; to	o be sent to Dean of Faculty in sealed envelope through peon
book)		
Attend	lance record to be stated in the last two sem	nesters:
1 1000110	mine record to be stated in the last two sens	
Cnasif	is Oninian of The Head of the Department	with cignoture
Specin	ic Opinion of The Head of the Department	with signature

Opinion of the Dean of the Faculty: (Strictly Confidential)
Opinion of the Finance Office (mention dues if any)
Opinion of the office of the Controller of Examinations
Recommendation from the Office of the Registrar

The applicant may be readmitted on payment of all dues / not to be readmitted