Re-Admission Application Form

| Enrollment No: | Roll No: |
|---|---|
| Name of the Student: | |
| Program Name: | |
| Semester in which Re-Admission is sought: | |
| Email: | |
| Mobile Number: | |
| Note: Please attach a copy of the marks memo | _ |
| | Signature of Student |
| To be used by Directorate | |
| Student may be admitted to (program): | |
| | Director, Directorate of Admissions |
| To be used by Centre for Infor | mation Technology, MANUU |
| Student record has been updated as per above semester and complete other formalities. | given details. He/She may pay the fee for the |
| | |
| | Director, CIT |
| | |

Director, Directorate of Admissions