

APPLICATION FOR REGISTRATION OF FAILED SUBJECTS

FROM:

NAME: **SR. NO.:**

SEM. AND BRANCH:..... **USN:**

TO: The Principal, SJCE, MYSORE. **MOBILE NO:**.....

Sir,

I, the student of this college studying in semester / course during the year request you to grant me permission to register for the following failed subjects during ODD Semester of The fee for the same is paid and copy of the acknowledgement is enclosed.

DETAILS OF FAILED SUBJECTS

Sl. No.	Code No. of the Subject	Name of the Subject	Course fee Rs.	Exam Fee Rs.
1				
2				
3				
4				
5				
6				
7	LAB			
8	LAB			

Thanking you,

Yours faithfully,

DATE:

SIGNATURE OF THE STUDENT

For Department Use

- ⇒ Kindly verify whether there is clash in time-table of regular subjects and registered subjects.
- ⇒ Also certify that subjects taken shall not exceed 30 credits including the current semester.

SIGNATURE OF THE HOD

APPROVAL BY PRINCIPAL