

**APPLICATION FOR REGISTRATION TO SUPPLEMENTARY EXAMINATION
DURING NOVEMBER / DECEMBER 2020
FOR UNDERGRADUATE AND POSTGRADUATE STUDENTS**

FROM

NAME: SR. NO.:

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

TO: The Principal, SJCE, MYSURU. MOBILE NO:.....

Sir,

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

DETAILS OF SUBJECTS TO WHICH THE REGISTRATION IS SOUGHT

Sl. No.	Code No. of the Subject	Name of the Subject	Exam fee (Rs.)
1			
2			
3			
4			

Thanking you,

Yours faithfully,

DATE:

SIGNATURE OF THE STUDENT

NOTE: Only FOUR subjects to be registered for the supplementary semester.