

EoSE RE - REGISTRATION FORM

1. Enroll No. :

2. EoSE Re-registration to Semester _____ of programme: _____ Semester EoSE May/DecYear

3. Name of the Student (in CAPITAL letters as in the SSC/Matriculation Certificate)

(a) In English: _____/

4. Date of **Birth** (dd/mm/yyyy): _____ 3. Sex: Male [] Female []

5. Reason for seeking EoSE Re-registration _____

6. Details of fee paid:

Transaction Number, date and amount -	
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7. DECLARATION BY THE STUDENT

I hereby declare that all the information furnished by me in this re-registration form are true, complete and correct to the best of my knowledge. In case any information is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my admission if granted, and cancellation of the degree if awarded, besides rendering me liable to such action as the University may deem fit.

I will abide by the rules and regulations with regard to semester wise re - registration and credit system adopted by the University. I understand that "Every student who has registered for a programme shall complete the full quota of the credits stipulated for the programme in not more than twice the total duration of the programme" Accordingly, I hereby undertake that if admitted, I shall complete the minimum requirement of the programme in a maximum period of twice the duration of the programme commencing from my original date of admission.

I hereby agree to abide by all the rules and regulations of the University, both existing and that may be made from time to time and submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the other authorities of the Central University of Rajasthan. I shall neither indulge myself or instigate any other student in ragging or create nuisance to the academic atmosphere of the University. In case of any act of misconduct on my part I will be liable for action by the University and in such an event or in case of or any disciplinary proceedings against me, the University have freedom to inform my parent(s)/guardian. I fully understand that my pervious result would be nullified and fresh result now obtained would be considered.

Date: _____ (Signature of the Student)

Note: Please attach the self-attested copy of the old result
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The details have been verified and the student may be permitted for re-registration in the EoSE as per rules.

Signature of Head of Department

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Acknowledgement

The application of Mr/Ms..... has been received by me on.....(Date)

Signature of Office of CoE