



Director of Distance Education
Janardan Rai Nagar

Rajasthan Vidyapeeth University
Pratap Nagar, Udaipur-313001, Rajasthan
www.rvduniversity.com, rsdmumbai@gmail.com

Re-Registration Form For December/June Examination

COURSE APPLIED FOR

Course Name : M.Tech B.Tech Diploma Stream : _____

Specialization for M.Tech IV sem : _____ Sem : _____

Elective Subject (For B.Tech VII Sem. Student Only)

1. Enrollment No. _____ Date of 1st Registration _____

2. Full name of the student _____

3. Name of Father _____

4. Name of Mother _____

5. Complete Address for Correspondence (Do not repeat name) _____

Pincode _____ STD Code _____ Telephone Number _____

Fax No. _____ Email _____

6. Study Centre Code : DDE/RVU/M/ _____

7. Name of the Study Centre _____

8. Address of the Study Centre _____

Space for Photograph

Paste one recent passport size Photograph preferably Black & White duly signed by the Co-ordinator at the Study Centre

9. Declaration By the Applicant

- a. I certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website www.rvduniversity.com from time to time.
- b. I certify that after being fully satisfied with this course I have decided to get enrolled out of my own free will and desire.
- c. I further certify that same is done without any inducement and misrepresentation either from the said University or other person concerned.
- d. I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner either during running of course or on its completion.
- e. I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application form, I understand that my admission is liable to be cancelled. I understand that university has the right to add/delete/change the syllabi, course structure, rules & regulations as and when required, as per change in environment.
- f. I understand that FEES once paid will NOT be refunded.

10. Specimen Signature of the Candidate

11. Signature & Stamp of Co-ordinator of Study Centre

_____ Date: _____ DD/MM/YYYY

IIKM - Chennai
DDE / RVD / SA / 264