

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR READMITTED/TRANSFERRED STUDENTS

Date:

1.	Name of the student	
2.	Name of the college with address in which last studied	
3.	Branch	
4.	Register Number (Old)	
5.	Semester /year during which the course was discontinued/debarred	
6.	Semester/year during which readmission is sought	
7.	Reason for discontinue of study	
8.	Details of arrear (No. of Arrears) (Enclose the mark sheets of previous semesters)	
9.	Attendance % of the previous semester	
10	Additional subjects to be studied in this semester under Autonomous	1.
		2.
		3.
		4.
		5.
11	Contact Number	Parent : Student :
I hereby declare that, the information's furnished above are true and genuine.		
Signature of the candidate		
Recommended/forwarded		
MANAGER	HOD	DEAN

Approved/Not approved

PRINCIPAL

COE

DATE:

UNDERTAKING

Iof.....department
studying in Semesters do hereby inform that I was
debarred during Semester& Academic year due to
lack of attendance and I am willing to rejoin in Semester
during the academic year and continue my studies and
request you to kindly permit me to attend the classes with effect
from

Also I do hereby undertake that I may be permitted to attend the
classes in anticipation of approval from DOTE and ANNA
UNIVERSITY. If my readmission is not approved by DOTE and Anna
University, I shall withdraw my admission.

Signature of the student

Class Advisor

HOD

DEAN

COE