



**Application for Repeat Examinations - mm yyyy**

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Name of the Candidate: \_\_\_\_\_ USN: \_\_\_\_\_

Program: \_\_\_\_\_ Branch: \_\_\_\_\_

Current Year of Study: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Sl. No.	Year	Name of the Subject	Subject Code

Total Examination fees paid of Rs: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date of payment \_\_\_\_\_

Signature of the  
Student  
Date:

Signature of the  
HOD/Dean  
Date: