

Visvesvaraya Technological University

(State University Government of Karnataka Established as per VTU Act 1994)
"JNANA SANGAMA", BELAGAVI - 590 018,
KARNATAKA STATE

Annx -2

APPLICATION FOR READMISSION FOR B.E. /B.TECH./ B.ARCH./B.Plan

(Single application for Shortage of Attendance/ Rejection of results/ Temporary Discontinuation/ Readmission to I semester with revised USN (if not gained eligibility to join III semester after three years from date of first admission))

PART I: STUDENT APPLICATION

(for V /VII/ IX semester)

1.	Name of the Student	:		
2.	University Seat Number	:		
3.	Name of the College	:		
4.	Branch	:	1	
5.	Readmission Category a) Shortage of Attendance	:	Yes / No	
	b) Temporary Discontinuation	:	Yes / No	
	c) Rejection of Results	:	Yes / No	
6	Readmitting to	:	Semester	
7.	Applied for readmission during the academic year with scheme	;	Scheme (Refer Annex)	
8	Details of Scheme studied	;	V semester: 2017 / 2018 scheme (Refer Annx)	
			VII semester : 2015/2017 / 2018 / schem (Refer Annx)	e
9.	Payment of Prescribed Fee	:	To be paid through online payment (Refer- www.vtu.ac.in/online-fee)	
	a) Fee Shortage of S,000 Attendance/ Rejection of results/ Temporary Discontinuation/ Others fees as notified b) Transaction ID	r		
	D) ITAIISACLIOITID	*	å	

c) Date of transaction	6 X	
10 Required Documents to be	Enclosed :	•
 Fee receipt (as per 	9 above)	7
Registrar(Eval.) du		shortage of attendance sent by the OR Permission letter for temporary t V mark on applicable)
 Not eligible to appression results. 	oly under rejection of results,	if readmitted once under rejection of
I know the VTU regulations not entitle me for any special provis		B.ARCH./B.Plan. This readmission does am applying for readmission.
I declare that the informati	ion given by me is true to the	best of my knowledge and belief. The
University may cancel the same, if f	ound incorrect at any time .	1
Date of Application to the College:		Place:
Signature of Parent/ Guardian		Signature of Student
		D SUBMISSION TO THE UNIVERSITY
This is to certify that the above info	REQUEST FOR THE NECESSARY ormation is checked and found	
permission to readmit the above ca	indidate as a repeater to	semester years for the
academic year		
Encl: Date forwarded to the Univer	sity:	Signature of Principal and seal
Encl: Date forwarded to the Univer	sity:	
Encl: Date forwarded to the Univer	· · · · · · · · · · · · · · · · · · ·	JSE ONLY

Office Suptd:

Registrar:

Case Worker:

Special Officer:

Office Superintendent :