



KANNUR UNIVERSITY

(EXAMINATION BRANCH)

APPLICATION FOR RE-REGISTRATION (UG PROGRAMMES-SDE)

1. Name of the Applicant :
(in BLOCK LETTERS)
2. Register Number :
3. Centre of Examination :
4. Address to which communication are :
to be sent
.....
PIN
Phone
Email
5. Name of the UG Programme :
6. Year of Admission :
7. Details of previous appearances

Year	Session & Register No.	Passed/Failed
First		
Second		
Third		

8.

Details of the papers to be
cleared (For which re registration :
is required)

9. Details of the Fee Remitted

SBI Collect ref no.Dated

Amount (₹)

(Fee @ ₹ 5000/- for re-registration)

Declaration:

I hereby certify that the details given above are true to the best of my knowledge and
information. I have read and understood the provisions contained in the University Order
No.Acad/C5/1912/2019 dated 07.11.2024

Place

Signature

Date

Name

Enclosures :

1. Copy of the Hall Ticket/ Mark list of the examination last registered by the candidate.
2. Original Chalan /Fee Receipt

FOR OFFICE USE ONLY

Application No Date of Receipt..... Programme

Verified the Details with the Office Records:

Asst.

SO

Re-Registration Details

AR

DR

JR

CE