



Symbiosis University of Applied Sciences

A Symbiosis Skills University, Indore

RE-ADMISSION FORM ACADEMIC YEAR 20____ - ____

Date: /..... /20.....

Enrolment No.: _____ ABC ID (Academic Bank of Credits) _____

Name of Program: _____ Semester: _____

Name of Student _____

Father's Name _____ Parent's Email Id _____

Undertaking by student:

I understand that, as per the fee schedule, I will be required to pay the fee applicable to the academic year. I understand that to continue to my next academic session, I must meet the academic requirements, University applicable policies for promotion, examination, disciplinary, code of conduct and all other policies, statutes & ordinances for Promotion and I have read all rules and regulation of the University related to this.

Signature of the Student

**Name and Signature of the
School Director/ Program Head**

FOR REGISTRAR OFFICE

Mr./Ms. _____ is eligible to continue in the _____ semester of the
_____ year of his/her program.

Signature of Registrar

FOR EXAMINATION DEPARTMENT

Mr./Ms. _____ is provisionally eligible to continue in the _____
semester of the _____ year of his/her program.

Signature of Controller of Examinations

FOR FINANCE DEPARTMENT

Mr./Ms. _____ has paid the _____ of Rs. _____
dated _____ fee receipt No. _____ the total dues is
(Nil/Pending) _____

Signature of Accountant

Signature of CFAO