Directorate of Distance Education

J. R. N. Rajasthan Vidyapeeth (Deemed-to-be) University

(Declared Under Section 3 of the UGC Act, 1956 vide Notification No. F. 9-5/84-U-3, January 12, 1987 of the Government of India)

Pratap Nagar, Udaipur-313001, Rajasthan, India

www.rvduniversity.com

Re-Registration Form For Dec./June_____ Examination

COURSE APPLIED FOR

Course :_____ Stream : _____

Semester :_____Specialization / Elective: _____

Elective Subject (For B.Tech VII Sem. Student Only) : _____

1. Enrollment No.

Space for Photograph

Paste one recent passport size Photograph preferably Black & White duly signed by the Co-ordinator at the Study Centre

2. Full name of the student

3. Name of Father

4. Name of Mother

5. Complete address for Correspondence (Do not repeat name)

Telephone Number with STD Code

Pincode

6. Study Centre Code : DDE/RVU/SA/ Student Mobile No.

7. Name of the Study Centre / Address

8. Declaration By the Applicant

a. I certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website **www.rvduniversity.com** from time to time.
b. I certify that after being fully satisfied with this course I have decided to get enroled out of my own free will and desire.
c. I further certify that same is done without any inducement and misrepresentation either from the said University or other person concerned.
d. I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner either during running of course or on its completion.
e. I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application form, I understand that my admission is liable to be cancelled. I understand that university has the right to add/delete/change the syllabi, course structure, rules & regulations as and when required, as per change in environment.
f. I understand that FEES once paid will NOT be refunded.

9. Specimen Signature of the Candidate

10. Signature & Stamp of Co-ordinator of Centre

Date : _____

DD /MM /YYYY