



Directorate of Distance Education

J. R. N. Rajasthan Vidyapeeth University

(Declared Under Section 3 of the UGC Act, 1975 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 July'09 Examination

COURSE APPLIED FOR

Course Name : M.Tech B.Tech Diploma Stream : _____

Specialization for M.Tech IV sem : _____ Sem : _____

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

1. Enrollment No.

Date of 1st Registration

Space for Photograph

2. Full name of the student

3. Name of Father

4. Name of Mother

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

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

Pincode STD Code Telephone Number

Fax No. Email

6. Study Centre Code : DDE/RVU/SA/

7. Name of the Study Centre :

8. Address of the Study Centre

9. Declaration By the Applicant

- 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.
- I certify that after being fully satisfied with this course I have decided to get enrolled out of my own free will and desire.
- I further certify that same is done without any inducement and misrepresentation either from the said University or other person concerned.
- 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.
- 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.
- I understand that FEES once paid will NOT be refunded.

10. Specimen Signature of the Candidate

11. Signature & Stamp of Co-ordinator of Centre

Date : _____
DD/MM/YYYY