

Recog. by University Grants Commission(UGC) & Bar Council of India(BCI), Pharmacy Council of India(PCI) , Member of AIU.

RE-REGISTRATION FORM July - 2022 SESSION REGULAR STUDENTS

PLEASE FILI	L IN THE FORM IN ENGLISH CAPITAL LETTER	RS ONLY.	
STUDEN	T NAME (Mr./Ms.)		
FATHER NAME (Mr.)			
ENROLL	MENT NO.:		
PROGRA	λM:		
SEMEST	ER/YEAR:		
PHONE	NO.:		
E-MAIL:			
ADDRES	S:		
S.No.	SUBJECT CODE	SUBJECT NAME	
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10			
Bank Draft,	/University Receipt No	Date:Amount	
(Bank Draft	t should be drawn in favour of MAHATN	MA GANDHI UNIVERSITY, payable at Shillong)	
I hereby de	eclare that all the information given abo	ove are true to the best of my knowledge.	
Signature of the Candidate		Date	Office Signature & Seal
It is to certify that the student has submitted all the assignment(s)/ projects (if any)For the subject (s) · lled in the examination form and cleared minimum attendance criteria for the Current semester.			
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It is to certify that the student has cleared all his · nancial dues for the current semester/year.