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.

2. Full name of the student

3. Name of Father

4. Name of Mother

Space for Photograph

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)

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