JAMAL MOHAMED COLLEGE (Autonomous)



TIRUCHIRAPPALLI – 620 020

DEPARTMENT OF ATTENDANCE

APPLICATION FORM FOR RE-ADMISSION

(ACADEMIC YEAR 20 - 20 ) Date:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Student |  | | | | | | | | Men | Women |
| Roll Number |  | | Register Number | |  | | | | | |
| Course & Major |  | | | | Year | | | | Aided | SF |
| I | | II | III |
| Hostel / Day Scholar |  | | | | | | | | | |
| Father’s Name |  | | | | | | | | | |
| Contact Mobile No. | Student |  | | Parent | |  | | | | |
| Reason for absence (attach proof) |  | | | | | | | | | |
| Declaration by the student | I assure you that, hereafter, I shall attend all the classes regularly without availing any leave.  Signature of the student | | | | | | | | | |
| Declaration by the parent | I assure you that, hereafter, my son / daughter shall attend all the classes regularly without availing any leave.  Signature of the parent | | | | | | | | | |

**For office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Details of absence  (To be filled by attendance office) | No. of working days |  | Signature of staff |
| No. of days absent |  |
| Details of fee paid for re-admission (To be filled by college office) | Signature of staff | | |

Signature of the Dy.Warden Signature of the Tutor Signature of the HOD / MID

(Hostel Students only)

Registrar of Attendance