

Gati Shakti Vishwavidhyalaya, Vadodara

Registration Form for Supplementary Exam

Date: _____

Programme : _____

Name of Student: _____

Roll No. : _____

Details of the course(s) to be registered for exam:

Sl. No.	Name of Course	Course Credit	Term	Existing Letter Grade	Remarks
1					
2					
3					
4					
5					
Total Credit					

Student's Sign : _____

Remarks by the Academic Office

Date: _____

Permission granted to register for supplementary exams of the above mentioned course(s) to payment of fee(Rs. 500/- per course)and meeting of other conditions as per rules of the Institute.

Payment Details (For Office Use Only)

Cheque/D.D. No.: _____
Name of Bank : _____
Date : _____
Payable at : _____
Amount Rs. : _____
Received By : _____

Controller of Examinations