



APPLICATION FOR RE-REGISTRATION

(Please tick your options “✓”)

COURSE:	BA	<input type="checkbox"/>	BBA	<input type="checkbox"/>	B. Com	<input checked="" type="checkbox"/>
YEAR:	First Year	<input type="checkbox"/>	Second Year	<input checked="" type="checkbox"/>	Third Year	<input type="checkbox"/>
SEMESTER:	Semester- I	<input checked="" type="checkbox"/>	Semester- II	<input type="checkbox"/>		
BATCH:	(2014/2015)	<input type="checkbox"/>	(2015/2016)	<input type="checkbox"/>	(2016/2017)	<input type="checkbox"/>

01. Registration No :

SEU	ES		COM	
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02. (i) Name with initials :

(ii) Full Name :

(iii) Present Address :

(iv) Contact Nos :

(v) E-mail Address :

03. Subjects applied for Re-registration (**Please fill your Elective Subject**)

	Subject Code	Subject Title
1	BCOM 21113	Management Accounting
2	BCOM 21123	Marketing Management
3	BCOM 21133	Commercial and Corporate Law
4	BCOM 21143	Macro Economics
5	*	

Elective Subjects:

* BCOM 21153 Banking and Finance

* BCOM 21163 Islamic Banking & Insurance

Amount :**15,000.00**..... Date of Payment:

Branch of Bank:

Re-Registration Fee
Affix the **PIV University Copy** here

I certify that I have correctly entered all the particulars relevant to the application. I am aware that my application could be rejected for the reasons given in the general instructions and if the application is rejected, the University will not refund the re-registration fee paid by me. I have annexed with this application a receipt for payment of the prescribed fee.

.....
Signature of Candidate

.....
Date

For Office Use Only

Entries Checked By:.....

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Asst. Registrar/CEDPL

Registered / Not registered for examination