

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

RE-APPEAR FORM Dec - 2022 SESSION REGULAR STUDENTS

PLEASE FILL	IN THE FORM IN ENGLISH CAPITAL LETTERS ONL	-Y.		
STUDEN	T NAME (Mr./Ms.)			
FATHER NAME (Mr.)				
ENROLLI	MENT NO.:			T dasport size
PROGRA	ιM:			
SEMEST	ER/YEAR:			
PHONE	NO.:			
E-MAIL:				
ADDRES	S:			
S.No.	SUBJECT CODE	SUBJECT NAM	E	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Bank Draft/	/University Receipt No.	Date:	Amount	
	should be drawn in favour of MAHATMA GA		yable at Shillong)	
I hereby de	eclare that all the information given above are	e true to the best of my	knowledge.	
Sign	ature of the Candidate	Date	Office Si	gnature & Seal
	fy that the student has submitted all the assignr			
· Iled in the	e examination form and cleared minimum atten	dance criteria for the Cui	rrent semester.	Signature (HOD)

It is to certify that the student has cleared all his · nancial dues for the current semester/year.