KANNUR UNIVERSITY

(EXAMINATION BRANCH)

APPLICATION FOR RE-REGISTRATION (MCA PROGRAMMES IN AFFILIATED COLLEGES & CENTRES -2014 TO 2019 ADMISSIONS)

1. Name of the Applicant :.....
   (in BLOCK LETTERS)
2. Name of Institution/College :.....
3. Address to which communication are :.....
   to be sent .....
   .....
   PIN.....
   Phone.....
   Email.....
4. Year of Admission :
5. *Details of previous appearances*

Semester	Session &Register No.	Passed/Failed
First		
Second		
Third		
Fourth		
Fifth		
Sixth		

6. Details of the semesters to be Cleared (For which re registration is required) :.....

7. *Details of the Fee Remitted*

SBI Collect ref no.....Dated.....

Amount(₹).....

(Fee@₹5000/-for re-registration and Examination fee@₹2000/-per paper)

NB: Application for registration for examinations of the semesters concerned along with examination fee is to be submitted separately as and when respective semester of examination is notified.

Declaration:

I hereby certify that the details given above are true to the best of my knowledge and information. I have read and understood the provisions contained in the University Order No.AcadC/Acad C3/21622/2025 dated 10.03.2026

Place..... Signature.....

Date..... Name.....

Enclosures:

1. Copy of the HallTicket/ Marklist of the examination last registered by the candidate.
2. Original Chalan/Fee Receipt

FOR OFFICE USE ONLY

Application No..... Date of Receipt.....Programme.....

Verified the Details with the Office Records:

Asst. SO

Re-Registration Details

AR DR JR CE