



**JAMAL MOHAMED COLLEGE (Autonomous)**  
**TIRUCHIRAPPALLI – 620 020.**  
**OFFICE OF THE REGISTRAR OF ATTENDANCE**

**APPLICATION FORM FOR RE-ADMISSION (ODD/EVEN SEMESTER)**

(ACADEMIC YEAR 202 - 202 )

**Date:**

Name of the Student				Men	Women	
Roll Number			Register Number			
Course & Major				Year		
				I	II	III
Hostel / Day Scholar						
Father's Name						
Contact Mobile No.	Student			Parent		
Reason for absence						
Declaration by the Student	I assure you that, hereafter, I shall attend all the classes regularly without availing any leave.  <div style="text-align: right;">Signature of the student</div>					
Declaration by the Parent	I assure you that, hereafter, my son / daughter shall attend all the classes regularly without availing any leave.  <div style="text-align: right;">Signature of the parent</div>					

Signature of the Dy. Warden  
(Hostel Students only)

Signature of the Tutor

Signature of the HOD/MID

**For office use only**

Details of fee paid for re-admission ( To be filled by college office )	Receipt No. : Amount : Date :	Signature of staff
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