



# JAMAL MOHAMED COLLEGE (Autonomous)

TIRUCHIRAPPALLI – 620 020

DEPARTMENT OF ATTENDANCE

**APPLICATION FORM FOR RE-ADMISSION (Removed from Roll Category)**

(ACADEMIC YEAR 20 - 20 )

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 (attach proof)						
Declaration by the student	I assure you that, hereafter, I shall attend all the classes regularly without availing of any leave.  <p style="text-align: right;">Signature of the student</p>					
Declaration by the parent	I assure you that, hereafter, my son / daughter shall attend all the classes regularly without availing of any leave.  <p style="text-align: right;">Signature of the parent</p>					

**For office use only**

Details of absence (To be filled by attendance office)	No. of working days		Signature of staff
	No. of days absent		
Details of fee paid for re-admission (To be filled by college office)	Signature of staff		

Signature of the Dy. Warden  
(Hostel Students only)

Signature of the Tutor

Signature of the HOD / MID

Registrar of Attendance