ಸೈಂಟ್ ಜೋಸೆಫ್ಸ್ ವಿಶ್ವವಿದ್ಯಾಲಯ
ST JOSEPH'S UNIVERSITY

READMISSION FORM FOR ODD SEMESTER 2024-25

1	Name of the student	
2	Registration number	
3	Semester in which the readmission is sought	
4	Phone number of the student	
5	Email id of the student(**you will be called for interview on this email id**)	
6	II Language	
7	The last semester exam written by the student. (Eg: II/IV/VI Semester). (Please attach the photo copy of the marks card/hall ticket).	
8	Was your hall ticket been denied last year? If yes, answer 9 and 10	Yes/No
9	The Semester Examination in which hall ticket was denied.	
10	Reason for the denial of Hall Ticket	
11	Have you discontinued the course for any other reason? If so give reason/s.	
12	During the course, was your hall ticket blocked more than once?	
13	If yes, give details	
14	Are you withdrawing any semester examination results?	Yes/ No
15	If Yes, name the semester you would like to withdraw (The student must attach the original marks card for the semester which he/she is withdrawing)	

Declaration

I declare that the above information submitted by me is correct. I also declare that I have read the eligibility criteria for readmission to the odd semester of 2024-25. I understand that I will have to forfeit the admission and fees paid thereof, if I am found to be ineligible or have provided incorrect information in this application. I also understand that the attendance is calculated from the reopening day of the semester.

Signature of the parent with date   Signature of the student with date

_____bearing   registration   number_____is permitted/ not permitted to rejoin in_____semester_____.

REGISTRAR

For accounts section:
Fee details:
Signature of the accountant:

Incomplete forms will be rejected