



RE-REGISTRATION FORM – 2014 (JUNE EXAM)
Directorate of Distance Education
Integral University – Lucknow

Enrollment No.:
 Existing Year:
 Applying for Re-registration in Year:

Course:.....
 Existing Semester:
 Applying for Re-registration for Sem.:

1. Name of Applicant: _____
 2. Father's Name: _____
 3. Address: _____

 4. Mobile No.: _____
 5. email ID: _____
- (All columns are compulsory)

PAYMENT DETAIL

Details of fees deposited (to be filled in by the candidate)

CENTRE CODE: _____

Course Fees _____ + Late Fees _____ = Total _____

Bank _____ Payable at _____

DD No. _____ DD Amount _____ Dated _____

DECLARATION

I, _____ declare that the information provided in Re-registration form above is true. My admission may please be cancelled if any information and documents given by me is found false, fake, counterfeit at any stage. In this case I also agree that university is empowered to cancel my admission & to revoke previously issued degree/diploma/certificate or to take necessary legal action against me at any stage & university not be held responsible for any losses to students under any circumstances whatsoever & no fees will be refund by the University to me. All disputes will be settled in any Court of Law established under jurisdiction of municipal limits of Lucknow.

Date: _____

Place: _____

Signature of Candidate

✓

FOR CO-ORDINATOR USE

FOR UNIVERSITY USE

1. Verified by Co-ordinator with seal:
 (Signature with Seal)
 ✓

2. Re-registration approved by:
 ✓