



KALINGA UNIVERSITY

RE-REGISTRATION FORM

Village Kotni, Near Mantralya, Naya Raipur – 492001, Chhattisgarh

Mob-9303097043, E-mail id: kalingauniversity1@gmail.com, Website: www.kalingauniversity.ac.in

The form should be complete in all respects and to be filled by student in English CAPITAL letters in blue/black ink.

Enrolment No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Course Name:.....Specialization.....Sem/Year.....

Examination Session January June Semester Mode Yearly Mode

Name of the Candidate:

Father's Name:

Mother's Name:

Address :

Pin Code.Mobile No :E-mail Id

SUBJECT / PAPER IN WHICH CANDIDATE APPEARING

SR.No	Subject Code	Subject/Paper code
1		
2		
3		
4		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Fee Details: - Cash / Cheque/ DD

DD No / Cheque no..... Dated.....Bank.....

Amount.....

Signature of Candidate