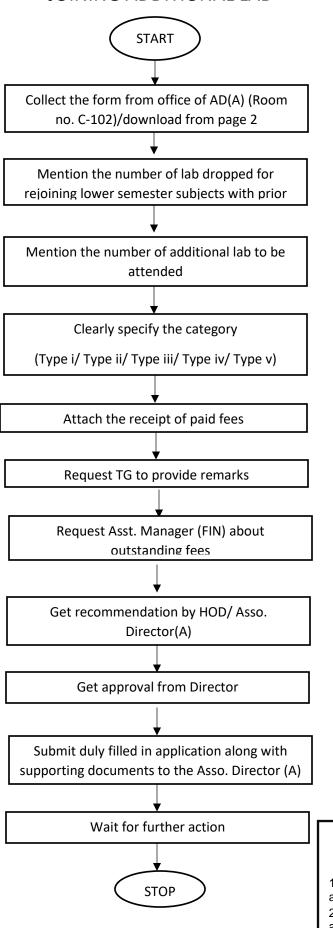
## JOINING ADDITIONAL LAB



For any assistance contact Asst. Registrars, SMIT

- 1. Mr. Saumya Das (7076566858/ asstregistrar.admin@smit.smu.edu.in) 2. Mr. P.M. Pradhan (8984212456/
- 2. Mr. P.M. Pradhan (8984212456/asstregistrar.acad@smit.smu.edu.in)
- 3. Mr. Ishwer Shivakoti (8768231697/ asstregistrar.compliance.smit.smu.edu .in)



## APPLICATION FORM FOR JOINING ADDITIONAL LABS (Revised on May 2019)

1.	Name in full: Mr/Ms		R	legn. No.		
2.	Parent's name Phone No				hone No.	
3.	Dept./Branch Sem/Sec. Sem/Sec.					
4.	Email ID				hone No.	
5.	Whether Rejoin or Regular – Rejoin/Regular (Tick the correct one)					
	Total nos. of backlogs (Theory Papers):					
6.						
7.	No. of labs dropped for rejoining lower semester subjects with prior approval:					
	S/No	Code	Name of Lab	Signature Faculty in Charge	Semester	
	1.					
	2.				- 4	
8.	No. of Labs to be attended in Additional lab:					
	S/No	Code	Name of Lab	Signature Faculty in Charge	Semester	
	1.					
	2.					
9.	Category: Type I / Type II / Type IV / Type V (Tick the correct one)					
10.	Fees Pa	id (Copy of th	e receipt to be attac	ched)		
11.	Signature of the student: Date:/					
12.	Remarks of TG:					
13.	Remarks by Asst. Manager (FIN) about outstanding fees if any:					
14.	Recommended by HOD/ Associate Director (A)*:					
15.		Approved by Director:				
16. supp and : 270]	orting do	ocuments as st ections.[Contact	tated above shall be ct No: 03592- 2461	e submitted to the Assoc 45 OR 03592- 246117/ 2	tent authorities along with iate Director (A) for record 246118/ 246119/ 246120 ext:	
HT. T	7-41/1 1.	Mathaula, T.	al arrandian Ctuiles	out which are in not applic	aabla	

# F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

\* Associate Director (A) only for 1<sup>st</sup>. year students and HODs for Higher semester students.