



BHAGWANT UNIVERSITY, AJMER

Sikar Road, Ajmer 305004

Application for the Change of Branch

Registration No.
(Leave Blank)

1. Enrollment No.

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2. Name of Candidate _____

3. Father's Name _____

4. Full postal Address _____

5. Particulars of Examination at which appeared :

Name of Exam. _____ Year _____ Sem. _____

Branch _____ Roll No.

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6. Preference of Branch : (a) _____ (b) _____ (c) _____

7. Details of Previous Examination :-

S.No.	Course	Branch	Year	CGPA

8. Fee Remitted vide Micr bank Draft No./ Cash (receipt No.) _____ dated _____ for
Rs. _____

(Full signature of the Candidate)

(Signature of HOD)

For the Office Use

Branch Change accepted / not accepted _____

(Signature of Director Engg.)

