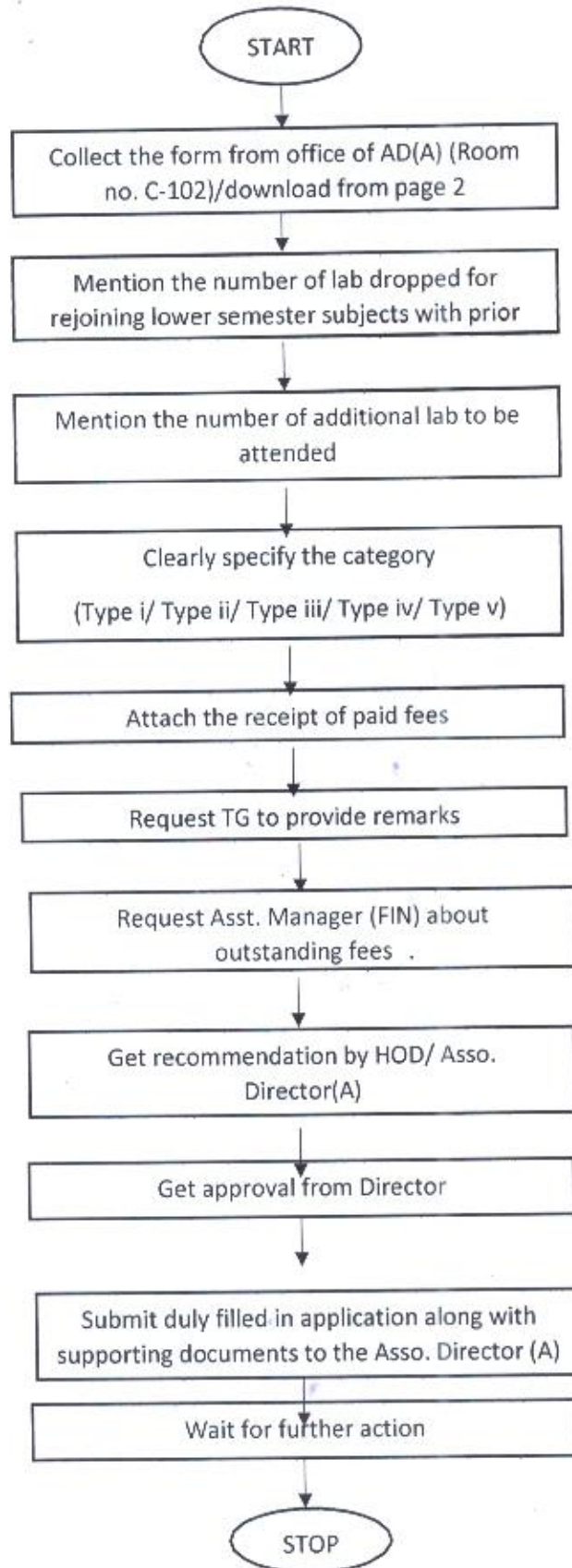


## JOINING ADDITIONAL LAB



For any assistance contact Deputy Registrar & Asst. Registrars, SMIT

1. Dr. Amrita Biswas  
(9434211795/  
deputyregistrar.admin@smit  
.smu.edu.in)
2. Mr. Ishwer Shivakoti (8768231697/  
asstregistrar.acad@smit.smu.edu.in)
3. Mr. Sanjeev Kumar  
(9933304161/



**APPLICATION FORM FOR JOINING ADDITIONAL LABS APPLICABLE FOR STUDENTS**

(Revised on May 2019)

1. Name in full: Mr/Ms..... Regn. No. ....
2. Parent's name ..... Phone No. ....  
(F/M/G#):
3. Dept./Branch ..... Sem/Sec. ....
4. Email ID ..... Phone No. ....
5. Whether Rejoin or Regular – Rejoin/Regular (Tick the correct one)
6. Total nos. of backlogs (Theory Papers): .....
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.				

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 III / Type IV / Type V (Tick the correct one)

10. **Fees Paid (Copy of the receipt to be attached)** .....

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)\*: .....Date:.....

15. Approved by Director: .....Date: .....

**16. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the Associate Director (A) for record and further actions.[Contact No: 03592- 246145 OR 03592- 246117/ 246118/ 246119/ 246120 ext: 270]**

# 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.