



SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY UNDER SECTION 3 OF UGC ACT 1956)
LONGOWAL- 148106, DISTT. SANGRUR (PUNJAB)

APPLICATION FOR LATE REGISTRATION IN A SEMESTER

1. Name of the Department: _____ Date: _____
2. Name of student (in Capital Letters): _____ Registration No.: _____
3. Name of the Program: _____ Semester for which registration is sought: _____
4. Semester Fee paid (If any): _____ Amount: _____ Date of deposit: _____
5. Scheduled date of registration: _____
6. Reason for late registration (Attach proof): _____

Declaration: I,, hereby, declare that:

- i. I have gone through the rules and regulations of registration and eligible for registration to _____ semester.
- ii. The particulars given above are correct and complete. If any statement is found to be untrue I shall be liable for disciplinary action.

(Signature of the student with date)

(For Official use only)

Countersigned by (with date):

Medical Officer of the Institute (in case of Medical Reason)

Recommended for late registration fine. (with/without)

Class counsellor

Head of Department

Deputy Registrar (Academics)

Dean (A)
