

## Registration Form for Special Exam-2025

To,

The Controller of Examinations,

SVVV, Indore.

I, \_\_\_\_\_ (Name), Enrollment No. \_\_\_\_\_, a student of \_\_\_\_\_ (Program/ Branch), Institute \_\_\_\_\_ Semester/Year \_\_\_\_\_, request permission to appear in the special examination 2025 for the subject(s) mentioned in the Table 1. Kindly grant permission to appear in the special exam.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

**Table 1: Examination Details**

S.No.	Subject Code	Subject Name	Theory/ Practical
1.			
2.			
3.			

### Fee Submission Details

- Number of Subjects: \_\_\_\_\_ × Rs. \_\_\_\_\_ per subject = Rs. \_\_\_\_\_
- Amount Paid: \_\_\_\_\_
- Transaction / Receipt No.: \_\_\_\_\_
- Date of Payment: \_\_\_\_\_

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### For Office Use Only

**Application:** ☐ Approved ☐ Not Approved

Remarks (if any): \_\_\_\_\_

**Controller of Examinations**