

To  
The Controller of Examinations,  
Saintgits College of Engineering (Autonomous)

**Request for ESE (S) – Special Examination Registration**

Name of the Student			
Name of the Programme			
Name of Branch			
College Register Number			
University Register Number			
Batch	A/B		
Details of Courses to be registered			
1. Course Code with Course Name	<i>Semester</i>	<i>Course Code</i>	<i>Course Name</i>
2. Course Code with Course Name	<i>Semester</i>	<i>Course Code</i>	<i>Course Name</i>
3. Course Code with Course Name	<i>Semester</i>	<i>Course Code</i>	<i>Course Name</i>
Fee Payment details  <i>(Fee per Course : Rs. 350/-            Fee for Semester grade card per            Semester : Rs. 50/-            Fee for Valuation per            Semester : Rs. 250/-)</i>	<i>Amount of Fee paid</i>		
	<i>Transaction id</i>		
	<i>Date of fee payment</i>		
Signature of Student			
Staff Advisor (Name and Signature)			
Chief Staff Advisor (Name and Signature)			
Recommendation by HoD (Name and Signature)			

*\*Attach the hard copy of fee receipt with the filled application form*