



# Mahatma Gandhi University Meghalaya

DIRECTORATE OF DISTANCE EDUCATION

RE-APPEAR FORM 2012-2013

Personal Information	
Name of the Student :	
Father's / Guardian's Name :	
Enrollment No. :	Program :
SC Code :	SC Name :
Permanent Address :	
Phone No. :	E-mail :
Semester :	

Affix  Photograph  Attested  by Centre Head
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S.No.	Subject Code	Subject Name
1		
2		
3		
4		
5		

Bank Draft/University Receipt No \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_

(Bank Draft should be drawn in favour of MAHATMA GANDHI UNIVERSITY, payable at Shillong)

I hereby declare that all the information given above is true & to the best of my knowledge.

\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Centre Head  
(With Seal and Date)