

<b>Receipt No. for Rs. 500 per course paid</b> (Maximum 03 courses)		<b>K. J. Somaiya College of Engineering, Mumbai-77</b> (Autonomous College Affiliated to University of Mumbai) Examination Nov-Dec /April-May 20____ <b>ESE Re-Assessment Form</b>		<b>Type II: Re-Assessment</b> <b>Exam Seat No.:</b>	
--	--	---	--	--	--

<b>First name</b>	<b>Surname</b>	<b>Father's name</b>	<b>Mother's name</b>
-------------------	----------------	----------------------	----------------------

<b>Class of Study: FE/SE/TE/BE/ME</b> <b>Branch: COMP/ETRX/EXTC/IT/MECH/MECH(E)/MECH(CAD/CAM)</b> <b>Semester of study: I/II/III/IV/V/VI/VII/VIII</b>
---

To,  
 The Principal,  
 I would like to apply for re-assessment of ESE answer paper for following courses.

Sr. No	Complete Course Name	Amount
1.		
2.		
3.		
<b>Total Amount</b>		
<b>Date of Open day:</b>		<b>Signature of student:</b>
<b>Email(Somaiya domain):</b>		<b>Mobile No.:</b>

Received from \_\_\_\_\_ Rs. \_\_\_\_\_ for Re-assessment of \_\_\_\_\_ courses.

Signature of Payment Receiving Authority