



SDM College of Engineering and Technology, Dharwad

(An Autonomous Institution Affiliated to VTU, Belagavi)

Office of the Controller of Examinations

UG

PG

Application for Duplicate Admission Ticket

Name of Student (As on Grade Card)	
University Seat Number (USN)	
Semester	
Branch	
Fee Paid	Rs. Receipt No.: Date:
<p>Tick the appropriate examination and mention examination month, year.</p> <p><input type="checkbox"/> Semester End Examination Month: Year:</p> <p><input type="checkbox"/> Makeup Examination Month: Year:</p> <p><input type="checkbox"/> Supplementary Semester Examination Month: Year:</p>	

Note: Submit your request at least one day prior to your examination.

Name: _____ **Mobile No.:** _____

Date: _____ **Candidate Signature:** _____



Acknowledgement

Received application for the Duplicate Admission Ticket from Ms./Mr. _____ bearing USN: _____ on _____ at _____ am/pm. Document will be issued within a day, only against the receipt of this acknowledgement.

Office of the Controller of Examinations
SDMCET, Dharwad

10

Received the document on _____

Candidate Signature