

**Maharana Pratap Govt. Degree College Amb**  
**District Una, H.P.**

**Application Form for Re-Admission**

Name of Applicant: - .....

Father's Name: - ..... Class: .....

The date on which Name was struck off: - ..... Class Roll No. : .....

Reason of Absence: .....

**Undertaking:**

I shall be regular in the future and fulfill the criteria of 75% attendance. If I am debarred or considered ineligible to appear in the University Exam due to a shortage of attendance, I shall have no claim against the college/university.

**Enclosure:** 1. Medical Certificate/.....

.....  
(Date)

.....  
(Signature of Applicant)

Signature of Teacher who struck off the name .....

S.No.	Subject/ Course Paper	Lectures Delivered (till date of Application)	Lectures Attended	Remarks	Signature of the Teacher
1					
2					
3					
4					
5					
6					
7					
8					

.....  
Principal

**(For office use only)**

Amount: ..... Receipt No.: ..... Date: .....

.....  
Dealing Assistant