



मेडी-केप्स विश्वविद्यालय, इन्दौर
Medi-Caps University, Indore

APPLICATION FOR THE UPGRADTION
OF BRANCH IN B.TECH. II YEAR
(SESSION 2018 – 2019)

Date: / /2019

Name of the Student : _____
Father's Name : _____
Enrollment No. : _____
Present Branch : _____
Result : Credit Earned in Odd Semester: _____ SGPA _____
Credit Earned in Even Semester: _____ SGPA _____
Credit Earned in Makeup Semester: _____ SGPA _____
Total Credit Earned in B.Tech. First Year: _____ CGPA _____

Branches in which the change is required, please give your preferences

First preference : _____
Second preference : _____
Third preference : _____
Fourth preference : _____
Fifth preference : _____

I declare that I am applying for the change of branch after reading and understanding that the change once made shall not be revoked.

Fees Details: Receipt No. _____ Amount (Rs): _____

Signature of the Student
Mobile / Phone No(s): _____

Signature of Father / Guardian
Mobile / Phone No(s): _____

Notes: Branch Change Application fee is Rs 500/- . Attach Xerox copies of mark sheets of Odd Sem, Even Sem and Makeup Semester (If applicable) along with this form.