



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

APPLICATION FOR THE UPGRADTION  
OF BRANCH IN B.TECH. II YEAR  
(SESSION 2020 -21)

Date: / /2020

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): \_\_\_\_\_

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