

Receipt No. for Rs. 100 per course paid		Type I: Re-Verification Exam Seat No.:	
K. J. Somaiya College of Engineering, Mumbai-77 <small>(Autonomous College Affiliated to University of Mumbai)</small> Examination April / May 2015 ESE Re-Verification Form		Father's name	Mother's name
First name	Surname	Semester of study: I/II/III/IV/V/VI/VII/VIII	
Class of Study: FE/SE/TE/BE/ME Branch: COMP/ETRX/EXTC/IT/MECH/MECH(EE)/MECH(CAD/CAM)			

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

Sr. No	Complete Course Name	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total Amount		
Date of Open day:		
Email(Somaiya domain):		
Signature of student:		
Mobile No.:		

Received from _____ Rs. _____ for the re-verification of _____ courses.

Signature of Payment Receiving Authority