

MIT SCHOOL OF DISTANCE EDUCATION (Recognised by Distance Education Council, Govt. of India)

S.No. 124, Paud Road, Kothrud, Pune - 411 038, India.
Tel.: 020-25459991, E-mail:support@mitsde.com

Student Requisition Form

To,
Dy. Director,
MITSDE, Pune.

Respected Sir,

I request you to kindly approve my requisition, as I am attaching the required fees as mentioned on the website along with this requisition form;

Name of Student : _____

Reg. No. : _____ **User Id :** _____

Email Id : _____ **Contact No :** _____

Course Name with Specialization: _____

Please Tick from following Options:

- | | |
|---|---|
| <input type="checkbox"/> Additional Book | <input type="checkbox"/> Duplicate ID Card (kindly send photograph) |
| <input type="checkbox"/> Bonafide Certificate | <input type="checkbox"/> Course Change Fees (within 15 days after registration) |
| <input type="checkbox"/> Validation Extention Fees | <input type="checkbox"/> Additional Kit Charges |
| <input type="checkbox"/> Additional Assignment Fees | <input type="checkbox"/> Specialisation Change Fees (within 15 days after registration) |
| <input type="checkbox"/> Additional Specialisation Fees | <input type="checkbox"/> Additional Specialisation Fees |

Fees Payment Details : (In case of Online Payment, kindly attach the online payment receipt.)

DD Date	DD No.	Bank Name and Branch	Amount

Mention the Specifications for your requisition made-

Date :

Student Name & Signature

For MITSDE Office Use Only

Inward No / Date		Challan/Receipt No	
I.T. Dept		Dispatch Docket No with date	