

- Read instructions before filling the form

Sikkim Manipal University

Directorate of Distance Education



INSPIRED BY LIFE

To be filled by Students for change requests

FORM:15

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Centre Code | Roll Number | Program | Semester |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of the student (as registered with the University)

Father's/Mother's/Guardian's Name

Elective change Request

Old Elective

New Elective

Request for Duplicate ID Card

Reason (Enclose Notary Affidavit on Rs. 15 stamp paper)

Address Change Request

Old Address

New Address

Pin Code

Telephone Number with STD Code

Email

Fee details

(Demand Draft in favour of Sikkim Manipal University DE payable at Manipal or Udupi).

Demand Draft Number Date

Amount in Rs.

Bank Name

.....
Signature of the Student with date

Certified that the Roll Number, Name, Centre Code, etc. are correct.

.....
Signature with date and seal of the LC

For office use only

0908V1

GUIDELINES FOR FILLING FORM 15

FEE RELATED INSTRUCTIONS

- a) CHANGE OF ELECTIVE FEE: All students applying for change of elective or specialization subject/s are required to pay Rs.1000/-.
- b) DUPLICATE IDENTITY CARD FEE: All students applying for duplicate identity card are required to pay Rs.300/-.

GENERAL INSTRUCTIONS

- c) Form 15 is to be used by students to apply for;
 - a. Change of Elective or Specialization subjects
 - b. Change of Address or contact details
 - c. Duplicate Identity Card
- d) Download and print Form 15 (Change Request Form) on A4 paper.
- e) Incorrect filling, overwriting, cutting and incomplete applications will be rejected.
- f) The change of elective or specialization subject/s is permitted only if the re-registration is done in the current session.
- g) Students who have done their re-registrations in the earlier sessions can also apply for change if they have not written any previous examinations for those papers. Such students become eligible to write the new elective / specialization examinations only after submitting Form 12 (form for re-sitting).
- h) The Form 15 along with the fees should reach the University **within 10 days from the last date of re-registration.**
- i) Changes in the elective or specialization subjects will be notified only in the website under the student profile. Both the student and the Learning Centre can access the same under their respective logins. No other communication will be sent in this regard.
- j) The SLMs for the elective / specialization subjects, wherever applicable, will be dispatched after the changes are effected and notified.
- k) There will be no change in the validity (maximum duration for completion) of the program.
- l) Elective / specialization change request is permitted only once for a student. Reversal or any further change is not permitted.
- m) The students applying for duplicate Identity Card are required to enclose an affidavit on a Stamp paper of Rs. 15/- in the format given in the 3rd page.

FORM FILLING INSTRUCTIONS

1. CENTRE CODE: Write the 5 digit Learning Centre code through which the Form is submitted.
2. ROLL NUMBER: Write the 9 digit roll number as it appears in the University Identity Card.
3. PROGRAM: Write the name of the Program you are pursuing.
4. SEMESTER: Write the semester in which you are presently studying.
5. NAME OF THE STUDENT: Write your name as registered with the University.
6. FATHER'S/ MOTHER'S / GUARDIAN'S NAME: Write the name of your Father/ Mother/ Guardian.
7. ELECTIVE CHANGE REQUEST: This field is applicable only if the student is requesting for change of Elective / Specialization subjects.
 - a) OLD ELECTIVE: Write the name of the old Elective / Specialization group by referring to Table 1 given below.
 - b) NEW ELECTIVE: Write the name of the new Elective/ Specialization group by referring to Table 1 given below.
8. ADDRESS CHANGE REQUEST: This field is applicable only if the student is requesting for change of Address.
 - a. OLD ADDRESS: Write your old address.
 - b. NEW ADDRESS: Write your new address.
9. REQUEST FOR DUPLICATE ID CARD: This field is applicable only if the student is applying for the duplicate Identity Card.

REASON: No student is permitted to hold 2 identity cards simultaneously. Students can apply for a duplicate ID card only if the original ID card is misplaced or lost.
10. TELEPHONE NUMBER WITH STD CODE: Write your contact telephone/mobile number with STD code.
11. EMAIL: Write your email ID.
12. FEE DETAILS: This field is applicable to the students applying for change of electives or duplicate ID card. All payments need to be made only through the Demand Draft. Fill up the required fields as below:
 - a. DEMAND DRAFT NUMBER: Write the Demand Draft number, date, amount and the Bank name in the respective fields. Attach the demand draft to FORM 15. Name, Roll Number and Centre Code must be written on the reverse of the Demand Draft.
12. SIGNATURE OF THE STUDENT: Sign the form with date.
13. The Learning Centre is required to countersign the form after checking the Roll Number, Name, Program, Semester, Centre Code, Fee Details, etc. filled by the student before forwarding to University.

TABLE 1: ELECTIVES/SPECIALISATIONS

| SI | PROGRAM | SEMESTER | ELECTIVE / SPECIALISATION | |
|----|------------------------------------|----------|---|--------------------------|
| 1 | BCA Revised (FALL 2007) | 6 | Artificial Intelligence | |
| | | | Image Processing | |
| 2 | MAJM | 4 | MJ1601, MJ1602, MJ1603 | |
| | | | MJ1604, MJ1605, MJ1606 | |
| 3 | MBA Revised (FALL 2007) | 3 | Finance | |
| | | | Marketing | |
| | | | Human Resource Management | |
| | | | Information Systems | |
| | | | Banking | |
| | | | Retail Operations | |
| | | | Operations Management | |
| | | | Project Management | |
| | | | Total Quality Management | |
| | | | Health Care Services Management | |
| | | | International Business | |
| 4 | MCOMIS | 4 | Marketing Mgmt , Marketing Research & Internet Marketing | |
| | | | Security Analysis & Portfolio Mgmt, Insurance & Risk Mgmt | |
| 5 | PGDTM | 2 | Air Ticketing & CRS | |
| | | | Hotel & Restaurant Administration | |
| | | | Transport Management | |
| | | | Public Relations & Advertising | |
| 6 | BScIT (Revised Spring 2009) | 5 | Group 1 | Object Oriented Systems |
| | | | | E – Commerce |
| | | | | C# Programming |
| | | | Group 2 | Data Mining |
| | | | | Grid Computing |
| | | | | Data Storage Management |
| 7 | BScIT (Revised Spring 2009) | 6 | Group 1 | Computer Graphics |
| | | | | Human Computer Interface |
| | | | | Design Patterns |
| | | | Group 2 | Pattern Recognition |
| | | | | Artificial Intelligence |
| | | | | Virtual Reality |
| 8 | BScAFD | 5 | Quality Control | |
| | | | Pattern Making/ Cutting | |
| | | | Fashion Design and Illustration | |
| | | | Apparel and Fashion Merchandising | |

FORMAT OF THE AFFIDAVIT

TO BE MADE ON Rs.15 NON JUDICIAL STAMP PAPER

I, _____ (name of the student), son / daughter of _____
aged _____, residing at _____

_____ solemnly affirm and state as follows:

1. I state an oath that I am pursuing _____ (program) with Roll Number _____ at Sikkim Manipal University.
2. I have registered through the Learning Centre _____
3. I submit that I have lost the original Identity Card issued by the university.
4. I further submit that in spite of diligent search, I am not able to trace the original Identity Card and hence it is considered as lost. If traced, I will surrender to the University.
5. I further affirm that I have not misused and I shall not misuse the Identity Card in any manner.
6. All the above mentioned information / statement are true and correct.
7. Request the University to issue me a duplicate Identity Card on the strength of this affidavit.

Signature of the Student with date

Solemnly affirmed and signed before me on this day _____ (date).

Signature and seal of the Notary

Address:

Registration Number:

DISPATCH INSTRUCTIONS

1) Please dispatch the following to the University through your Learning Centre:

- FORM 15
- Demand Draft , if applicable
- Affidavit , in case of request for duplicate ID card

2) Dispatch the above to the following address:

Additional Registrar

Directorate of Distance Education

Re-registration Section

Sikkim Manipal University

Syndicate House

Manipal, Karnataka, India, PIN: 576104

Tel: 91 820 4297101, 4297111

Email: studentadmin@manipalu.com

NOTE: The status of all the applications received within the due date will be made available on SMU DDE website www.smude.edu.in after processing. The Learning Centres and the students can access this information through their respective logins.