



Vivekanand Education Society's Institute of Technology

(An Autonomous Institute Affiliated to University of Mumbai, Approved by A.I.C.T.E & Recognized by Govt. of Maharashtra)

Examination Department

11/03/2026

Notice for Autonomous Re-examination form for Winter -2025 exam to be held in June -2026.

Students who failed the Regular exam Winter- 2025 examination held in January -2026 of FE Semester I, ME Semester-I, MCA Semester-I are required to fill their KT examination forms for the Re -examination to be held in June -2026.

Date of Form Acceptance	Fees
16/03/2026 To 23/03/2026	Normal Fees
24/03/2026 To 25/03/2026	With Late fees of Rs. 100/-

Exam forms will not be accepted after the last date.

Examination Forms are attached herewith. After filling the form & verification from the exam department, submit the exam form to the admin office to assign the exam fees.

Please use the following link to pay the exam fees on or before the last date

<https://www.feepayr.com/>

Please Note: Students who have been declared failed in the previous examination for the subject of any heads, which is mentioned below, are required to fill the examination forms without fail.

(Without filling examination forms, examination seat no's will not be allotted, and without seat nos. You will not be allowed to appear for the examination. And the subject will be counted as a kt., which may lose your year (YEAR DROP).

- i) End semester (Theory)
- ii) Mid Term Test / Continuous Assessment
- iii) Oral
- iv) Practical

Re -Exam Fees Chart for UG & PG

KT Head	(UG) KT exam Fee per Subject	(PG) KT exam Fee per Subject
Theory (ES)	1000	1500
MT /CA	500	750
Practical	500	750

If you have any query please contact the examination department.





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Re- Exam / Special Examination Form for Winter /Summer _____

Branch _____ Semester _____ Division _____

1.Name	Surname																				Photograph Do not pin/Staple Paste inside the box only Not to be attested	
	First/ Own Name																					
	Father's/Husband's Name																					
	Mother's Name																					

2. Contact Details: - Mobile Number _____

Email Id: - _____

Postal Address: _____

3. Previous attempt month & year: - _____ (Please attach result copy)

4. Name of the Subject (To be appeared for the examination) (Please \sqrt wherever applicable)

Sr. No.	Name of the Subject	TH	MT	CA	PR/OR

5. Candidate's Signature: _____

6. Verified by: - _____

7. Fees Receipt No. _____ Date: - _____