

# Vivekanand Education Society's Institute of Technology

(An Autonomous Institute Affiliated to University of Mumbai, Approved by AICTE & Recognized by Govt. of Maharashtra)

## Notice for Autonomous Re-examination form for Summer -2025 (August - 2025) exam

Students who failed the Autonomous Summer 2024 & Summer 2025 examination held in July -2024 & July-2025 respectively of MCA Semester IV are required to fill their KT examination forms for the Re -examination to be held in August- 2025.

Date of Form Acceptance	Fees
21/07/2025 to 25/07/2025	Normal Fees
28/06/2025 to 29/06/2025	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 and payment of exam fees, 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.

Examination Department,  
VESIT







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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 ✓ 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: - \_\_\_\_\_