



## Withdrawal Request from Academic Programme

### Student's Use:

Name: \_\_\_\_\_ Roll No. \_\_\_\_\_

Program: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ Date of Leaving: \_\_\_\_\_

Reason for Leaving (Please specify): -

i)  Personal

ii)  Health

iii)  Job

iv)  Other (\_\_\_\_\_)

If a student withdraws after the commencement of the Classes, only Caution Deposit will be refunded.

Date: \_\_\_\_\_

Signature

Signature of Parent/Guardian: \_\_\_\_\_

### For Department's use:

Signature of Faculty Advisor/Guide/UG/PG Convener

& Name: \_\_\_\_\_

Comments (if any): \_\_\_\_\_

Signature of HOD

### For Academic Office use:

Gate Score Card returned Date: \_\_\_\_\_

No Dues Submitted Date: \_\_\_\_\_

Refund of Fees, if any Rs. \_\_\_\_\_

Effective Date: \_\_\_\_\_

Comments (if any): \_\_\_\_\_

**Faculty In-charge (Academics)**

**Director**