OFFICE OF THE CONTROLLER OF EXAMINATIONS

WITHDRAWAL OF EXAMINATION FORM

(Students may apply for valid reasons (Medically Unfit / Unexpected Family Situations/ Sports approved by Chairman, Sports Board and HoD))

Name of the Candidate : Registration Number :

Name of the Programme : B.E / B.Tech / M.E / MBA

Branch

Period of Study : Semester :

CGPA (till last semester) :

History of Arrears : Yes / No No. of Arrears :

Reason for Withdrawal :

Details of Subjects:				
S. No.	Semester	Course Code	Name of the Course	Date of Examination

I hereby declare that the details furnished above are true to the best of my knowledge and I have not availed withdrawal of examination previously.

Signature of the Candidate

Signature of the Parent / Guardian

(With Name and Mobile Number)

Recommended and Forwarded

Course Instructor

Head of the Department

APPROVED / NOT APPROVED