

COURSE DISCONTINUATION FORM

Date:

| | | | | |
|---|---|--|--------------------------------|--|
| Name of the Student | : | | | |
| Roll No | : | | Reg No | |
| Department | : | | | |
| Date of Birth & Age | : | | Religion | |
| Community | : | | Caste | |
| Permanent Address With Pincode | : | | | |
| Parent Name & Phone No of the Parent | : | | Phone No of the student | |
| E-Mail ID | : | | | |
| Reasons for Discontinuation (Attach necessary proof) | : | | | |

Declaration

I have applied for discontinuation of the course, well aware of the condition of the Institution.

Received the Certificates

Signature of the Student

Signature of the Student

Date :

Accepted: Signature of the Parent

Date :

OFFICE PURPOSE REMARKS OF THE CLASS ADVISOR & HOD

| | | | | | | |
|---|--------------|---|---|--------------------------|-----------------------------|----------------|
| Attendance | | : | From : | to | Last date of attendance | |
| | | : | Percentage : | | | |
| Anna University / DOTE Exam Fees Details | Odd | : | Register / Not Register | Paid / Not Paid Amount : | No of Arrears as on date | Exam Cell Sign |
| | Even | : | Register / Not Register | Paid / Not Paid Amount : | | |
| Anna University / DOTE List submitted for approval | | : | Yes / No | | Remarks & Signature of OS | |
| Details of scholarship received from Govt. | | : | Applied / Not Applied Received /Not Received | | | |
| Note Books & Uniform issued Details | Odd | : | | | Signature of Store Incharge | |
| | Even | : | | | | |
| Library | Books | : | Returned /Not Returned | | Sign and Seal of Librarian | |

Academic year 20 - 20

| Particulars | Fixed | Paid | Balance | Accountant Sign |
|---------------------|--------------|-------------|----------------|------------------------|
| Tuition Fees | | | | |
| Store Fees | | | | |
| Bus Fees | | | | |
| Room Rent | | | | |
| Mess Bill | | | | |
| Exam Fees | | | | |
| Other Fees | | | | |

**Remarks & Signature of Class Advisor
with Name & Date**

**Remarks & Signature of HOD
with Name & Date**

Remarks & Signature of Principal

FOR OFFICE USE ONLY

| | | |
|---|----------|--|
| Academic year of Admission | : | |
| Admission Reference Name | : | |
| Service Charge Paid Details | : | |
| Fees Paid to University and Other Expenses | : | |

Submitted to Chairman / VC Date: _____

Signature of Director - Technical

Chairman / Vice Chairman