

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 :			
TN Health & Family Welfare Dept 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 :		
TN Health & Family Welfare Dept 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