



COURSE DISCONTINUATION FORM

Name	:	
Roll No.	:	
Degree	:	MS / Ph.D.
Department	:	
Branch / Specialization	:	
Address	:	
Phone No	:	
E-Mail ID	:	
Reasons for Discontinuation (Attach necessary proof)	:	

Declaration

I have applied for discontinuation of the course, well aware of the condition that I will not be eligible to be readmitted without reapplying for entry through the relevant competitive selection process.

Signature of the Student

Accepted: Signature of the Parent

Signature of the	:	
1. Faculty Advisor / Research Guide	:	
2. HoD / 1 st Year Coordinator	:	
Associate Dean (Academic)	:	
Dean (Academic)	:	