

ACADEMIC OFFICE **NATIONAL INSTITUTE OF TECHNOLOGY** TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

## **COURSE DISCONTINUATION FORM**

Name	:	
Roll No.	:	
Degree	:	M.Tech./ M.Arch. / M.Sc. / MCA / MBA / MA
Department	:	
Branch / Specialization	:	
Address	:	
Phone No	:	
E-Mail	:	
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. Research Guide	:	
2. <b>HoD</b>	:	
Associate Dean (Academic)	:	
Dean (Academic)	:	