



APPLICATION FOR WITHDRAWAL FROM THE EXAMINATION

Name of the Student :

Register Number :

Degree & Branch :

Batch & Semester :

Department :

Reason for Withdrawal from
End semester Examinations :

Kindly accept my request for withdrawal from End Semester Examinations.

Signature of the Student

Encl: as above

RECOMMENDATIONS OF THE CHAIRMAN OF THE BOARD AND PRINCIPAL

1. Ms. (Reg. No.....) has secured more than 75% attendance.
2. She has paid the End semester Examinations fee.
3. Medical certificate is enclosed.

Signature of the Board Chairman
and Name in Block letters

Principal

Date:

College Seal