

APPLICATION FOR WITHDRAWAL
(FOR RESEARCH SCHOLAR ONLY)

NAME _____ ROLL NO _____

Dept./Centre _____ Category _____ Hall _____

Date of joining _____ Dt. Of Registration Seminar _____

Proposed date of leaving _____ Period of stay completed _____ year (s)
_____ months _____ days .

Name of Supervisor (S) : (1) _____

: (2) _____

Reason for withdrawal : _____

Course work assigned _____ Cr. Completed _____ Cr.

H.S.S. Subject /Language course : Completed / Incompleted

Demand position :

(a) Whether Mess dues are cleared upto date : Yes/No _____

(b) Whether Institute dues are cleared upto date : Yes/No _____

(c) Whether Library Books / Cards are returned : Yes/No _____

(d) Whether Departmental dues are cleared : Yes/No _____

Full address for correspondence : _____

_____, e-mail ID : _____

Telephone number : _____

Signature of the Research Scholar

P.T.O

Countersigned and verified by

Supervisor (s)

Warden

Librarian

HOD/HOC/HOS

RECOMMENDED

The scholar may be permitted to submit thesis from outside as : (1) he/she completed the prescribed course work(2) he/she has also fulfilled the minimum residential requirement (3) adequate research facilities are available to carry out the research work in his/her parent organization/Institution/Place of working (4)he/she has registered on completion of Course Work and Seminar .

Signature of DSC Members : 1) _____, 2) _____,
3) _____, 4) _____, 5) _____,
6) _____.

Approved as recommended

Dean (Academic)