

STUDENT APPLICATION FOR ENROLLMENT CANCELLATION

Date:- __/__/____

STUDENT DETAILS

COURSE NAME (BE/BArch/PDDC/HMCT/BPlan)			
ENROLLMENT NO.(12 DIGIT):			
NAME OF STUDENT (IN CAPITAL):			
CONTACT DETAILS:			
FULL ADDRESS :			
E-MAIL ID:			
COLLEGE CODE :		BRANCH CODE:	

<u>Remarks</u>	
Reason for cancellation	
Documentary Proof	<input type="checkbox"/> Student(s) application in his/her own handwriting and counter signed by his/her guardian and institute head. <input type="checkbox"/> photo-id of student having his/her specimen signature
	Note 1 : This application form must be filled by the student only. Note 2 : This application and Photo copy of Photo-ID proof should contain Principle's Signature and Stamp.

Applicant must tick in given box for particular document and attach in given order for individual application.

Note: The cancellation letters will be issued to the institute after 10 -15 days from the application(s) received at the University. Student has to collect GTU cancellation letter from institute only.

Instructions:

Student must submit listed documents as above (i.e. remarks). Application without above details/Documents will not be processed. (i.e. not taken into consideration).

DECLARATION OF STUDENT

I, hereby under sign, declare that, I have read all the instructions and the entries made by student in the Application Form are complete and true to the best of my knowledge and based on records.

Signature of Applicant

Date:

DECLARATION OF GUARDIAN

I, hereby under sign, declare that, I am aware of my son/daughter cancellation of enrollment application and permit him/her for the procedure.

Signature of Guardian

Date:

Principal's Signature and Stamp