

CANCELLING REGISTRATION / COMPLETE WITHDRAWAL FORM

Fill the form below at the time of cancelling registration for a semester or formally withdrawing completely from the University. Clearly indicate if it is **Cancelling Registration** or **Complete Withdrawal**.

Name: _____ ID No : _____

Program: _____ Semester : _____

Email ID: _____ Tel No.: _____

CANCELLING REGISTRATION

COMPLETE WITHDRAWAL

This is to certify that Mr./ Ms _____ has cleared all his/her dues and records with the following Departments:

S. No.	Name of Department	Name of the Official	Remarks	Date	Signature
1	DEAN OF COLLEGE				
2	VISA OFFICE				
3	ACCOUNTS MANAGER				
4	ADMISSIONS OFFICE				
5	LIBRARY				
6	REGISTRATION OFFICE for STUDENT ID CARD				

OFFICE of the REGISTRAR:

REMARKS: _____

DATE OF PROCESS: _____

UNIVERSITY REGISTRAR