

## APPLICATION FOR WITHDRAWAL FROM THE EXAMINATION

Name & Roll. No. :

Batch & Semester :

Name of Study Centre :

Reason for Withdrawal from  
End Semester Examinations :

Kindly accept my request for withdrawal from End Semester Examinations.

Signature

Encl: A self addressed stamped envelope

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### RECOMMENDATIONS OF THE COORDINATOR OF THE STUDY CENTRE

1. Mr. / Ms. .... (Roll. No.....) has secured 50% attendance or more
2. He/She has paid the End semester Examinations fee to the Study Centre
3. Medical certificate / Copy of Employer's order is enclosed

Date :                      Study Centre Seal :                      Signature of the Coordinator  
Name in Block letters: