केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार

CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MoE, Govt. of India
KOKRAJHAR :: ASSAM :: 783370
www.cit.ac.in

ADMISSION WITHDRAWAL FORM (FOR NEW ADMISSION ONLY)

TO BE FILLED BY THE CANDIDATE (BLOCK LETTERS)

1. CANDIDATE'S NAME: ……

2. PARENT'S NAME: ……

3. ADDRESS FOR CORRESPONDENCE:

VILL/TOWN: …….. P.O.: ……

P.S.: …….. DIST: ……

STATE: …… PIN CODE: ……..

4. INSTITUTE ROLL NO: …… SEMESTER: ……..

5. PHONE NO.(M): …… EMAIL-ID: ……..

6. NAME OF PROGRAM: **DIPLOMA/ B. TECH/ B. DES/ M. TECH/ M. DES/ PH. D** (PLEASE TICK) **VERTICAL/LATERAL:** (PLEASE TICK)

7. NAME OF DEPARTMENT/ BRANCH: ……

8. DATE OF ADMISSION: ……

9. DATE OF WITHDRAWAL……..: ……..

10. REASON FOR SEEKING WITHDRAWAL: ……

11. AMOUNT OF FEES PAID FOR ADMISSION (in Rs.): ……

12. PAYMENT REFERENCE NO. (PAYMENT RECEIPT TO BE ENCLOSED): ……

13. BANK DETAILS (SELF): (Please enclose a copy of the front page of Bank passbook)

ACCOUNT HOLDER'S NAME: ……

NAME OF BANK: …… BANK BRANCH ……

ACCOUNT NO: …….. IFSC: ……

14. Declaration by the candidate:

I hereby, declare that I am withdrawing my seat due to the reasons stated above, from CIT, Kokrajhar with due consent from my parent on (date) _____.

Full Signature of the Candidate Signature of the Parent

……

FOR OFFICE USE ONLY

The candidate has been granted permission to withdraw his/her admission from CIT Kokrajhar. The amount to be refunded is Rupees _____

Signature of Dealing Assistant
Admission Cell

Signature of Member Secretary
Admission Committee