

APPLICATION FOR CANCELLATION OF REGISTRATION TO EXAMINATION UNDER SDE

1. Name of the candidate with address and phone number :
2. Name of the course/Programme:
3. Year of admission ,enrollment number,Exam Centre
4. Purpose of cancellation requested:
5. Register number, Name , Month and year of all examinations the registration of which to be cancelled(Original marklist/Grade Card to be submitted)
 - 1.
 - 2.
 - 3.
 - 4.
 - 5
6. Details of fee remitted:
Mode of payment (online/off line)...../No of receipt...../Date...
7. Recommendation of the Pricipal/HOD in the case of admission Sought in college/University Teaching Dept:

Date

Signature

Name of the applicant

(Verification report from the School of Distance Education)

Section No:

This is to certify that Sri/Smt.....(Enrollment No.....) who discontinuedcourse/programme or who has applied for admission/readmission to..... was issued T C with Nodated.....and he applied/registered forexamination(Month and year of last regular exam), and recommend that cancellation of registration requested for the purpose of admission/readmission under SDE may be permitted..

:

Date...

SECTION OFFICER