APPLICATION FOR DISCONTINUATION OF STUDIES

Department ___________________________ Faculty _______________________________

1. Name of Student _____________________________________________________________
2. Registration No. __________________________________________________________________
3. Number of Semesters Completed __________________________________________________________________
4. Semester for which studies is to be discontinued ______________________________________
5. Specific reason for discontinuation of studies _______________________________________

Comments and recommendations of the Supervisor: _______________________________________
   a) Performance in course work program: ____________________________________________
   b) Performance in research: _______________________________________________________
      (Time spent and result achieved)
   c) General remarks: _____________________________________________________________
   d) Any other remarks: ___________________________________________________________

Signature of the Supervisor

Remarks of the Chairman of the Department

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Remarks of the Dean of the Faculty

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Note: -
1. Discontinuation of studies will be allowed for one semester only.
   M. Phil. After 1st Semester
   Ph.D. After 2nd Semester
2. Discontinuation application should be routed through proper channel with in the 30 days of commencement of Semester.