

RECEIPT NO. _____



**SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY
LONGOWAL, DISTT. SANGRUR (PUNJAB)
(DEEMED UNIVERSITY - ESTABLISHED BY: GOVT OF INDIA)**

STUDENT APPLICATION FORM FOR WITHDRAWAL OF ADMISSION

1. Name(in Capital Letters) : _____ Phone No. _____
2. Email : _____
3. Father's Name(In Capital Letters) : _____
4. Registration No. : _____ Roll No. _____
5. Trade : _____
6. Reason for withdrawal : _____

I solemnly declare that the above information is true and correct to the best of my knowledge and I shall be responsible for the consequences (if any)

Dated:

Signature of the student

Consent of the parents/Guardian

Signature of parents/guardian

-----For office use only-----

I have verified the candidature of the student and It is recommended that student may be allowed to withdraw his/her admission.

Class Counselor

Head of Department

Notice for withdrawal of admission has been prepared and placed below for signature please.

DEALING HAND

ASSISTANT

DEPUTY REGISTRAR (ACADEMICS)

DEALING HAND- for placing the original application and copy of notice in personal file of the student.