

	VIVEKANANDHA COLLEGE OF ENGINEERING FOR WOMEN [AUTONOMOUS INSTITUTION AFFILIATED TO ANNA UNIVERSITY, CHENNAI] Elayampalayam – 637 205, Tiruchengode, Namakkal Dt., Tamil Nadu	
OFFICE OF THE CONTROLLER OF EXAMINATIONS		

APPLICATION FOR WITHDRAWAL FROM THE EXAMINATION

Name of the Student :
 Register Number :
 Degree & Branch :
 Batch & Semester :
 Department :
 Reason for Withdrawal from
 End semester Examinations :

Kindly accept my request for withdrawal from End Semester Examinations.

Signature of the Student

Encl: asabove

RECOMMENDATIONS OF THE CHAIRMAN OF THE BOARD AND PRINCIPAL

1. Ms. (Reg. No.....) has secured more than 75% attendance.
2. She has paid the End semester Examinations fee.
3. Medical certificate is enclosed.

Signature of the Board Chairman
 and Name in Block letters

Principal

Date:

College Seal