



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, under the MoE, Govt. of India
Kokrajhar, BTAD, 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