

केंद्रीय प्रौद्योगिकी संस्थान कोकराझार

CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

(Deemed to be University under MoE, Govt. of India)
BODOLAND TERRITORIAL REGION:: KOKRAJHAR :: ASSAM :: 783370
www.cit.ac.in

ADMISSION WITHDRAWAL FORM (FOR NEW ADMISSION ONLY)

TO BE FILLED BY THE CANDIDATE

1. CANDIDATE'S NAME:
2. PARENT'S NAME:
3. ADDRESS FOR CORRESPONDENCE:
VILL/TOWN: P.O.:
P.S.: DIST:
STATE: PINCODE:
4. INSTITUTE ROLL NO: REGISTRATION NO: NOT APPLICABLE
5. PHONE NO.: EMAIL-ID:
6. NAME OF PROGRAM: **DIPLOMA/ B. TECH/ B. DES/ M. TECH/ M. DES/ PH. D/ B. TECH/B. DES (VERTICAL/LATERAL)** (PLEASE TICK)
7. NAME OF DEPARTMENT/ BRANCH:
8. DATE OF ADMISSION:
9. DATE OF APPLICATION FOR WITHDRAWAL OF ADMISSION:
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 the Bank Passbook)
NAME OF BANK:
ACCOUNT NO: IFSC:
BRANCH NAME:
14. If the above provided Bank Account does not belong to the candidate, then a proof of relation (e.g. Birth Certificate) with the parent whose Bank Account Details have been provided should be attached along with the withdrawal form.
15. Declaration by the candidate:

I hereby declare that I am withdrawing my seat from CITK due to the reasons stated above with due consent from my parent/guardian on _____ (mention 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

Signature of Member Secretary

Admission Cell

Admission Committee