

APPLICATION FOR BREAK OF STUDY

1	Name of the candidate in CAPITAL letters	
2	Register Number	
3	Programme & Period of study	
4	Branch & Semester	
6	No. of semester completed before the break of study (Specify the academic period)	
7	Semester, Duration & Period for which break of study is sought for	Semester : Duration : Period from _____ to _____
8	The Session and Academic year during which the student propose to rejoin and continue	
9	Mention the academic year in which the course normally ends	
10	Reasons for the request of Break of Study	Medical/Personal
	Medical – If yes Produce all documents related to medical back ground from a Authentic Medical Officer	
11	Full address for communication during the time of break of study with contact Mobile number	
12	Details of prevention due to lack of attendance (if any) during the course of study till date	
I hereby declare that the information's furnished above are true and genuine		
Signature of the candidate		Signature of the parent
Recommended/forwarded		
Class advisor	Tutor	HOD

Approved/Not approved

PRINCIPAL

COE