No. AWKUM/ADMISSIONS/2017/ Dated:

**Notification**

It is notified that the admission of

|  |  |
| --- | --- |
| Mr/Ms. |  |
| S/D/o |  |
| student of |  |
| Department of |  |

is cancelled,

|  |  |  |
| --- | --- | --- |
| by his own request |  |  |
|  |  |  |
| Drop Out after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester |  |  |
|  |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

asrecommended by Chairman of the Department. Entry may please be made accordingly.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Director Admissions**

Copy to:

1. Registration Cell (Examination Section)
2. Chairman Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I.T In charge
4. Office Copy