APPLICATION FOR CHANGE OF STUDY CNETRE

	Name & Roll. No.		:	
	Batch & Semester		:	
	Specialization (if an	ny)	:	
	Name of Study Cen	itre	:	
	(Currently Studying) Reason for Change of the Study Centre (Copy of valid proof is enclosed) Name and address of Study Centre (Where the Candidate wants to be Transferre		: : red)	
	Kindly accept my request for Change of the Study Centre.			
				Signature
	Encl:			
	1. A self addres	ssed stamped envelope		
	2. Original ID (Card		
	3. Online Paym	nent Receipt		
1. 2.	Change of the study center will be allowed only if the specialization required by the student is available Request received in middle of semester & with in Chennai study centre will not be permitted			
3.	Payment of Rs. 100/- should be made through Online Mode and the receipt should be enclosed along with this.			
RECOMMENDATIONS OF THE COORDINATOR OF THE STUDY CENTRE (CURRENTLY STUDYING)				
	No Due			
	Date:	Study Centre Seal:	Signature of the Coordina Name in Block letters:	ator