## INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI KALYANI – 741235 Form for Name Withdrawal

To The Registrar IIIT, Kalyani Kalyani – 741235

Sir,	I would like to withdraw my name frommy present course of study from this Institute.			
Name				
Course nam	ne: (B. Tech)	Branch:		
ID No. (Enrolment no.):			Date of admission:	
Reason for	withdrawal	(optional):		
Date:		Full Signature o	Full Signature of the student	
Reports & I	Recommen	dations from Different sections:		
1. Nar	me of the do	epartment:		Signature of H.O.D./Faculty Coordinator
2. Tui	tion Fee Sec	tion :		Signature
3. Me	ess Section:			Signature
4. Libi	rary:		 Signa	ture of Librarian/Prof. In-Charge
5. Ass	istant Regis	trar (Academic):		Signature AR(AC)
Order: Perr	nitted to w	ithdraw from the present course	of study.	
		Registrar (Offg.,		
		eneficiary for remittance of due		
Name of the Bank:				Branch:
A/c No:		IFSC:	MICF	ł
Contact no.	··	email ID:		
Address:				
Documents	attached:	1)(Please enclose a cancelled /Xer	2)ox copy of cheque)	