

## **Course Hold Application**

APPLICATION NO.:				

Student Information					
Full Name:		<u> </u>	Branch:		
Phone:		Parent's Contact No.:			
GR ID:	Course Name: _				
Faculty Nam	e:	Batch Time:			
Reason:					
Course Hold	From : To :				
Total Days/M	lonth :				
I		agree	e that during my course hold my		
Practice place/computer may change and also may change in installment. And I Know that					
Whenever I start my Course I have to pay 5000/- Rs Hold charge as per the rule of University.					
Student Sig	n <u>Fac</u>	ulty's Sign	Date:		
Office Use Only					
Receive By	·		Receive Date:		
Task Compl	eted By :	Ta	ask Completed Date:		