CHANGE OF CLASS FORM

To be filled by student

Name		Father name	
Student ID		Discipline	
Previous Batch		Previous Semester	
Intended Batch		Intended Semester	
Reason for change	☐ Demotion	Demoted in_____examination	
	☐ Other (state the reason)		
Last fee deposited	Amount: Rs._____Date _____		
Signature:		**Date:**	

For official use only

Verified particulars of the student including reason for change of class.		
Programme Principal/Head	**Signature**	**Date**

Request for change of class ☐ approved / ☐ not approved.		
Director Campus	**Signature**	**Date**

	1st	2nd	3rd	4th	5th
Fee submission history					
	6th	7th	8th	9th	10th

Outstanding/Adv fee (incl. current semester)	Rs.				
In case of adv fee, accounting entry:	Date and Vr. Ref:	Dr			
		Cr			
Reactivation	Batch		Semester		
Finance Officer/Manager	**Signature**		**Date**		