



Details of fee remitted

Receipt No.....

Amount Rs.....

Date.....

ST.TERESA'S COLLEGE (AUTONOMOUS) ERNAKULAM

Affiliated to Mahatma Gandhi University, Kottayam.

APPLICATION FOR CANCELLATION OF REGISTRATION/EXAMINATIONS.

Name &Address of the candidate	
Permanent Register Number (Attach Original Hall Ticket with the Application Form)	
Programme & Year/Semester of Study	
Examination Type	Regular/ Supplementary/ Improvement/Betterment*
Month & Year of Exam	
Whether the applicant is to appear for the whole examination	Yes/N o*
Ground on which cancellation applied. Specify the reasons (Attach necessary documents in this regard)	
Whether involved in Malpractices or Not	
NO. and Date of TC if obtained	

Certified that details furnished above by me are correct. I wish to cancel my registration for the whole examination.

Station :

Date :

Name& Signature of the Candidate

Certified that the entries are carefully verified and found correct with this office records. Also certified that no malpractice cases are reported against the candidate in the current examination.

Date :

Principal

(Office Seal)

Instructions

Cost of application form is Rs.25. Cancellation fee Rs.300/

The candidate shall surrender all certificates, hall tickets and mark lists issued to her along with the application.

If Hall ticket not available Rs.100/- to be remitted as fee for Duplicate Hall Ticket.



ST.TERESA'S COLLEGE (AUTONOMOUS) ERNAKULAM
Affiliated to Mahatma Gandhi University

CANCELLATION OF UG/PG/M.Phil REGISTRATION FOR COLLEGE CHANGE

From

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.....
.....
.....PIN.....

Phone:

To

The Principal/Controller of Examinations,

St.Teresa's College, Ernakulam.

Madam,

I have been a student of

(Programme/,Reg.No.etc.) in this college. I have appeared

(Sem/year of the Exam.) the Exam. Now I would like to join.....(Name of

Programme,College,and Uty) , discontinuing the present course of study. I have remitted the

prescribed fee of Rs.....vide(mode of payment) dtd.

I hereby submit the originals of Hall Ticket, Mark lists etc. issued to me and the payment document.

I request that the registration granted to me for the above programme may be cancelled forthwith and issue me the cancellation document.

Place:

Yours faithfully,

Date:

Signature & Name