

MARTIN LUTHER CHRISTIAN UNIVERSITY MEGHALAYA



Application for Withdrawal from Course

SECTION A

(To Be fill by the Student)

Date: _____

Full Name (*Block letter*): _____ Gender: _____

Year of Enrollment: _____ Course: _____

Semester: _____ Date of Admission: _____ Registration number: _____

Full Address: _____ Phone No.: _____

Email: _____

Reason for withdrawal: _____

Account Holder Name: _____ Account No: _____

Bank Name: _____ IFSC Code: _____

****Kindly attach the Admission Letter and Payment Receipt for verification.****

Signature of the Applicant

Signature of Parents/Guardian

SECTION B

(To Be fill by the Admission Office)

Date of commencement of the program: _____

Signature of the Registrar/Dean of Student'
Date:

SECTION C

(To Be fill by the Finance Office)

	Date	CR No	Amount (Rs.)
Fee Received			
Less: Application, Registration and Alumni fee (Not refundable as per refund policy)			
Balance			
Less: Fee Forfeited (As per refund policy)			
Net Amount due			

Prepared and Verified by

Signature of the Senior Finance Officer
Date: