



**Dr. N.G.P. INSTITUTE OF TECHNOLOGY**  
**(An Autonomous Institution)**

Approved by AICTE, New Delhi & Affiliated to Anna University, Chennai  
Recognized by UGC and Accredited by NAAC with 'A+' Grade & NBA (BME, CSE, ECE, EEE & MECH)

**Kalapatti Road, Coimbatore-641 048.**

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**APPLICATION FOR WITHDRAWAL FROM END SEMESTER EXAMINATIONS**

**Date:** \_\_\_\_\_

Month and Year of Examination : \_\_\_\_\_

Register Number : \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Programme and Branch : \_\_\_\_\_ / \_\_\_\_\_ Semester: \_\_\_\_\_

Details of the Courses for which withdrawal from end semester examinations is requested:

S.No.	Seme-ster	Course Code	Course Name	Date of Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Reason for Withdrawal:**

--

**Signature of the Applicant**

Recommended by	
<b>Tutor (Signature with Name and Date)</b>	<b>HoD</b>

**Approved By**

**PRINCIPAL**

**Remarks:**

--

**CoE**