

FORMAT FOR ENROLLMENT CANCELLATION APPLICATION FOR INSTITUTE ONLY

1) FORMAT FOR INSTITUTE FORWARDING LETTER (REF DRAFT-1)

DRAFT -1

REF NO:

DATE: __/__/____

To,
The Registrar,
Gujarat Technological University
Nr. Vishwakarma Government Engineering College
Nr. Visat Three Roads, Visat - Gandhinagar Highway
Chandkheda, Ahmedabad – 382424.

Subject:-Application for Cancellation of Enrollment

Respected Sir/Madam,

With reference to the above mentioned subject, kindly cancel the Enrollment From the Gujarat Technological University of the following students:

Sr No	Course (Diploma)	Enrollment No	Name of Student	Branch Code	Admission year

I, the undersigned, verified above stated students' applications received at institute and found genuine.

Thanking you,
Yours Faithfully

(Principal's Signature and Stamp)

Seal of Institute

Enclosure:

- 1) Affidavit by institute principal/director/trustee/Registrar on Rs. 300/- stamp paper.
- 2) Student(s) application in his/her own handwriting (Format Given by GTU) and counter signed by his/her guardian and principal/director/trustee/Registrar.
- 3) Photo copy of Photo-id proof of student having his/her specimen signature.

1) FORMAT FOR NOTARIZED AFFIDAVIT (ON RS 300/-) STAMP PAPER BY INSTITUTE (REF DRAFT-2)

DRAFT-2

AFFIDAVIT

I, undersigned, _____ name, designation, name of Institute and code _____, Residing at _____, to hereby solemnly oath by my religion and state that below mentioned students are from our institute and have applied in front of me for the cancellation of enrollment to Gujarat Technological University. I have verified that these students fulfil all the requirements of cancellation of enrollment. Therefore, their enrollments can be cancelled as per the norms set by the University.

Institute is hereby applying for their cancellation of enrollment vide institute reference letter No. _____ and institute letter date _____.
This letter is attached with this.

Sr No	Course (Diploma)/	Enrollment No	Name of Student	Branch Code	Admission year
		Type your text			

Therefore, the facts mentioned above are verified by me and are true to the best of my knowledge and belief. I know that it is a serious offence to make a false or misleading affidavit.

Verified at _____ (Institute full name with address and date) _____.

Signature of Authority

Name:

Designation :

(principal/director/trustee/registrar)

Institute name with address and date: