



SHRI VISHWAKARMA SKILL UNIVERSITY

(State University enacted under the Government of Haryana Act 25, 2016)

Plot No. 147, Sector - 44, Gurugram, E-mail: info.svsu@gmail.com

STUDENT APPLICATION FORM FOR WITHDRAWAL OF ADMISSION

Name (in Capital letters) Father's Name (in Capital letter)

Programme Name.....

Reg.No. Phone No

Reason for withdrawal

I solemnly declare that the above information is true and correct to the best of my knowledge and I shall be responsible for the consequences (if any)

Dated:

Consent of the parents/guardian

Signature of the student

Signature of parents /guardian

.....For office use only.....

I have verified the candidature of the student and it is recommended that student may be allowed to withdraw his/her admission

Programme Coordinator

Dean/Incharge

Notice for withdrawal of admission has been prepared and placed below for approval, please.

DEALING HAND

ASSISTANT

AR/DR