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OFFICE OF ACADEMIC AFFAIRS

F. No: IIITDM/Acad/Discontinuation/10/24

Date:

PROFORMA FOR DISCONTINUATION FROM UG PROGRAMME

Name	:	
Roll No.	:	
Year of study and Semester	:	
Department	:	
Branch / Specialization	:	
Address for communication	:	
Phone No of student and parents	:	
E-Mail ID (Institute and personal)	:	
Reasons for Discontinuation (Attach necessary proof)	:	

Declaration

I have applied for discontinuation of the programme on my own will and I am aware that I will not be eligible for readmission at a later stage.

Signature of the Student

Consent from parents (Yes / No)

Signature of the Parent

Recommendation of the

Faculty Advisor

HoD

(For office use)

No dues certificate submitted on _____.

Jr Supdt