



OFFICE OF ACADEMIC AFFAIRS

F. No. IIITDM/Acad/Withdrawal/10/19

Date:

PROFORMA FOR TEMPORARY WITHDRAWAL FROM AN ACADEMIC PROGRAMME ON
MEDICAL GROUNDS

Name	:	
Roll Number	:	
Degree	:	B.Tech. /M. Tech./M. Des. / Ph.D.
Year of study and Semester	:	
Date of Admission	:	
Duration of temporary withdrawal	:	From _____ to _____
Reason for temporary withdrawal (*) (Attach medical certificate)	:	
Address for communication	:	
Phone No of student and parents	:	
E-Mail ID (Institute and personal)	:	

(*) Ordinance R. 10.1: Students may be permitted to withdraw from the programme for a maximum period of two semesters for a reasons of ill health.

Signature of the Student

Consent from the parents

Signature of the Parent

Faculty advisor / Guide(s)

Recommendation of the

HoD

(For office use)

Recommendation and approval

Taking into account the recommendation of the HOD/DC (DC held on _____) and fulfillment of other norms, the student / scholar is granted temporary withdrawal from an academic programme on medical grounds for the period from _____ to _____.

AR/JR (Academics)

Dean (Academics)

Director

Order issued on _____