

## **CHANGE OF PROGRAM FORM**

STUDENT NAME:		REGISTRATION NO.
TRANSFER FROM:	ToTo	new program name
PLEASE WRITE ALL	CLEARED COURSES, OR ATTACH (	GRADE SHEET,
1	2	_ 3
4	5	6
Student Signature  Date:		
		ALLOWED TO TRANSFER (by Director College Concerned) Signature and Name
Note: Rs 100/- will I	be charged for each transfer cou	
	ACCEPTA	INCE
TRANSFER FROM:	to Previous program name	new program name
		, -
COURSES CARRIED		
1	2	3
4	5	
Approved:	Not Approved:	
1-Director College	2-Director Admiss	ions 3-Manager Registration
Accounts Office: Outstanding Balance Rs	Accounts Office: Transferred courses Am Received Rs: No Balance is Outstandi	
Name:		
Signature:	Signature:	Signature:
Date:		