



UNIVERSITY OF HYDERABAD
P.O. Central University, Hyderabad – 500046

APPLICATION FORM FOR ADMISSION WITHDRAWAL

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|-----|--|--|-----------|-----------|--------------------|-----------|-----------|
| 1. | Name of the Student | | | | | | |
| 2. | Father's Name | | | | | | |
| 3. | Course of Study | | | | | | |
| 4. | Category | GE | SC | ST | OBC | PH | DP |
| 5. | Date of Joining | | | | | | |
| 6. | Hallticket / Enrol. No. | | | | | | |
| 7. | Date of leaving | | | | | | |
| 8. | Reason(s) for leaving (Please fill / tick appropriate reason) | Joining another University: | | | Course: | | |
| | | Taking up an employment | | | Financial Problems | | |
| | | Non-availability of Hostel | | | Personal Problems | | |
| | | Any other reason, please specify: | | | | | |
| 9. | Particulars of the fees paid | Tuition and other fees paid on Dt. _____ Rs. _____ | | | | | |
| 10. | Bank A/c details of the Student (IN BLOCK LETTERS) | Bank Name | | | | | |
| | | Bank Account No. | | | | | |
| | | Branch Name and IFSC Code | | | | | |

Date: _____ Signature of the Student
.....

The student may be permitted to withdraw his / her admission.

Date: _____ Dean of the School /
Head of the Department / Centre
.....
Based on the recommendations of the recommendations of the HoD / Dean, the admission of the student is cancelled.

Dealing Asst. A.R. Acad Jt. Registrar (A&E) Controller of Examinations



UNIVERSITY OF HYDERABAD
APPLICATION FOR REFUND OF CAUTION DEPOSIT

1. Name of the Student :
Course / Subject :
2. Enrolment Number :
3. Date of joining of the course :
4. Date of leaving of the course :
5. Reasons for leaving :
(Course completion /
Withdrawal of admission, etc.)
6. Caution deposits paid :
a) Library Deposit : Rs.
b) Laboratory Deposit : Rs.
c) Hostel Deposit, if any : Rs.
7. Mailing Address (To receive back Caution Deposit) :

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|-----------------------|
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| |
| SBI, HCU Br. A/c. No. |

I solemnly declare that the particulars furnished above are true to the best of my knowledge and belief.

Signature of the Student

Certified that the entries made at Sl. No. 1 to 7 are correct.

**Signature of the Head of the Department/Centre
Dean of the School**

| NO DUES CERTIFICATE | |
|--|---|
| Name of the Department / Centre / School | Signature and Office Seal |
| Department / Centre / School | |
| Library | |
| Certified that the student has vacated the Hostel on and cleared all the dues | Warden, Hostel concerned (to be signed by the Warden only) |
| Certified that the student is not a boarder of any of the hostels. | Chief Warden |
| Dean Student's welfare (Scholarship & Fellowship) | |
| Students' Section (Finance & Accounts) | |

PAYMENT ORDER

The caution deposit of Rs. _____ (Rupees _____
only) pertaining to the above student may be refunded.

Date:

Assistant Registrar (Academic)/
Section Officer (Academic)

=====

Finance & Accounts – Audit Enfacement

Verified the records and passed for payment of Rs. _____ (Rupees _____
_____ Only) being the full and final settlement of the caution money deposit, as mentioned
above.

Date:

Section Officer (Students' Section)/
Asst. Registrar (Students' Section)

UNIVERSITY OF HYDERABAD
Application for issue of Transfer Certificate (TC), Migration Certificate (MC)
Bonafide Certificate (BC) and Provisional Certificate (PC)

(To be submitted with No Dues Certificate)

1. Name of the Student, Course, Dept./School :
2. Father's / Guardian's Name :
3. Mother's Name :
4. Date of (a) Joining (b) Leaving : (a) (b)
5. Reasons for leaving : Course Completed/Discontinued/Cancelled
6. Whether cleared all dues :
7. Particulars of fees paid for issue of certificate : Bank Challan No.
Date of Payment:

Signature of the Student

Note: The above application must be accompanied by the following:

1. No Dues Certificate (2) Students Identity Card (3) Acknowledgement receipt of Original certificates issued by the Academic Section at the time of admission.
2. Copy of the Challan.

Certified that entries made in column 1 to 4 above are correct. Also certified that the conduct of the student is / was

Date: _____

Head of the Dept. / Dean of the School

UNIVERSITY OF HYDERABAD
NO DUES SUBMISSION ACKNOWLEDGEMENT
(TO BE SUBMITTED IN THE EXAMINATION SECTION FOR PROCESSING RESULTS)

| | | |
|----|----------------------------------|--------------------------------|
| 1) | Name of the Student | |
| 2) | Enrolment No. & Date of Joining | Enrolment No: Date of Joining: |
| 3) | Course & Subject | Course: Subject: |
| 4) | Fee Particulars | Challan No. Date: Amount (Rs.) |
| 5) | Details of Certificates required | |
| 6) | Date of Submission of NDC | |

Note: Please fill complete current mailing address in CAPITAL LETTERS, with Mobile No. & Email ID for future needs



Address:

Mobile No:

Email ID :

CERTIFICATE TO BE GIVEN BY ACADEMIC SECTION

Mr./Ms. _____ has submitted No Dues Certificate on : _____

Signature of the Dealing Asst.
Name: