## MARTIN LUTHER CHRISTIAN UNIVERSITY MEGHALAYA



	App		ithdrawal from Course	e The Laser of Them	
			<u>TION A</u> by the Student)	Date:	
Full Name (Block	letter):			Gender:	
Year of Enrollme	ent:	Course:			
Semester:	Date of Adu	mission:	Registration nur	nber:	
Full Address:			Phone No.:		
Email:					
Reason for withd	lrawal:				
Account Holder Name:					
Bank Name:			IFSC Code:		
**Kindly atta	ched the Provis	sional Admission	Letter and the Payment R	Receipt for verification**	
Signature of the	e Applicant		Sig	gnature of Parents/Guardian	
			<u>TION B</u> the Admission Office)		
		(10 <i>De</i> jui <i>vy</i>	the Aumission Office)		
Date of commend	cement of the pr	rogram:			
			Signature of the Registrar/Dean of Student' Date:		
			<u>TION C</u>		
	·	(To Be fill b	y the Finance Office)		
r	Date	C	R No	Amount (Rs.)	
Fee Received					
	<u> </u>	Ũ	ation fee and Alumni fee ble as per refund policy)		
		(110t Terundu	Balance		

Balance	
Less: Fee Forfeited (As per refund policy)	
Net Amount due	