



THIAGARAJAR POLYTECHNIC COLLEGE, SALEM-636 005

[Govt. Aided | Autonomous | NBA Accredited]

APPLICATION FOR CONTINUATION OF STUDY DURING THE ACADEMIC YEAR 2018-2019

1. Name of the candidate (In Block letters) :
2. Exam Register Number :
3. Date of Birth :
4. Academic year in which he/she joined the programme in First Year/ III Semester (HSC) :
5. Month & Year of last appearance in Autonomous Examinations :
6. Semester & Programme in which he/she not appear for the Examination even in one course :
7. Reasons not appear for the Autonomous Examination :
8. Semester & Programme in which Continuation of study required :
9. Percentage of Attendance in the last Semester in which he/she attended the class :

Date:

Signature of the Candidate

Verified the above Particulars

Remarks & recommendation of the Head of Department

Signature of the Faculty Advisor

Signature of the Head of Department

Signature of the Controller of Examinations

APPROVAL OF THE PRINCIPAL

PRINCIPAL

FEE REMITTANCE PARTICULARS

Fee remitted vide Receipt No.

Dated:

Rs.

Cashier