

APPLICATION FOR CHANGE OF FACULTY/SUBJECT/ADDON/GENERIC/FOUNDATION/ACTIVITY/SHIFT

1.	Admission NO.	:	IISU/2021/Adm/
2.	Name of the Candidate	:	
3.	Father's Name	:	
4.	Mother's Name	:	
5.	Mobile Number of the Student	:	
6.	Percentage of 12 th	:	
7.	Course Structure (as per the fo	rmat	given below)
	-		where the change is desired. Subje ode should be filled up clearly.
	Present		Desired
A . P	rogramme		
	ubject Combination:		
Sub.	Code		Sub. Code
1	23		13
	oundation nch/German/Hindi/English)		
D. G	eneric Elective		
E. A	dd-on (COSD)		
F. A	ctivity /NCC/SPORTS/CULTURAL)		
	Shift		
6.	Date		Form verified(Office)
Sigr	nature of Parent/Guardian		Signature of Candidate
Form	n Checked & Time Table Verified		
Nam	ne & Signature of Time Table Coo	rdinat	tor RECTOR

VICE CHANCELLOR

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