

**SIKKIM MANIPAL INSTITUTE OF TECHNOLOGY
STANDARD OPERATING PROCEDURE (SOP) FOR BRANCH CHANGE**

The purpose of the SOP, which is to provide guidelines and procedures for handling branch change requests for students in their 2nd year.

Procedure:

1. Collect the required form from:
office of Asso. Director (A) (Room no. C-105)
OR
eCampus Manager << <https://smtech.in>>>
OR
Website << <https://smu.edu.in/smit.html>>>
2. Fill and submit the form to office of Asso. Director(A) along with supporting documents.
3. Results declared through notice from Asso. Director(A).
4. The form is given below:

| | | | | | | | | | | | |
|--|--|--|---------------------------|--|--|----------------|--|--|--|---|---|
| NAME (USE BLOCK LETTERS) MR./MS.): | | | | | | | | | | | |
| | | | | | | | | | | | |
| REGN NO.: | | | | | | | | | | | |
| PARENT'S NAME (F/M/G) (USE BLOCK LETTERS): | | | | | | | | | | | |
| | | | | | | | | | | | |
| PHONE NO.: | | | | | | | | | | | |
| PARENT'S PH.: | | | | | | | | | | | |
| DEPT.: | | | | | | PROG.: | | | | | |
| HOSTELIER (Y/N): | | | | | | ROOM NO | | | | | |
| PREFERRED BRANCH: | | | CHOICE 1: | | | | | | | | |
| PREFERRED PROG | | | CHOICE 1 | | | | | | | | |
| | | | CHOICE 2 | | | | | | | | |
| | | | CHOICE 3 | | | | | | | | |
| PREFERRED BRANCH: | | | CHOICE 2: | | | | | | | | |
| PREFERRED PROG | | | CHOICE 1 | | | | | | | | |
| | | | CHOICE 2 | | | | | | | | |
| | | | CHOICE 3 | | | | | | | | |
| GPA: | | | 1st SEM | | | | | | | | |
| | | | 2nd SEM | | | | | | | | |
| CGPA | | | | | | | | | | | |
| SUPPORTING DOCUMENTS ATTACHED: | | | | | | | | | | | |
| LETTER OF CONSENT FROM PARENT | | | | | | | | | | Y | N |
| RESULTS WITH MARK SHEETS OF LAST EXAMINATION VERIFIED BY DCE(T) | | | | | | | | | | Y | N |
| REMARKS OF TG AFTER VERIFICATION OF SUPPORTING DOCUMENTS | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME OF TG: | | | | | | | | | | | |
| EMP. ID OF TG | | | | | | | | | | | |
| PRESENT BACKLOGS: | | | | | | SIGN: | | | | | |
| | | | | | | | | | | | |
| BACKLOGS CLEARED: | | | | | | | | | | | |
| | | | | | | | | | | | |
| FEE STATUS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGN. OF FIN. REP. WITH SEAL: | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGN. & REMARKS OF HoD OF BRANCH TO WHICH TRANSFER IS SOUGHT: | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGNATURE OF STUDENT WITH DATE: | | | | | | | | | | | |
| | | | | | | | | | | | |

RECOMMENDED (YES/NO)
ASSOCIATE DIRECTOR (A)

APPROVED BY DIRECTOR

Director, SMIT

Prof (Dr) G.L. Sharma
Director
Sikkim Manipal Institute of Technology

