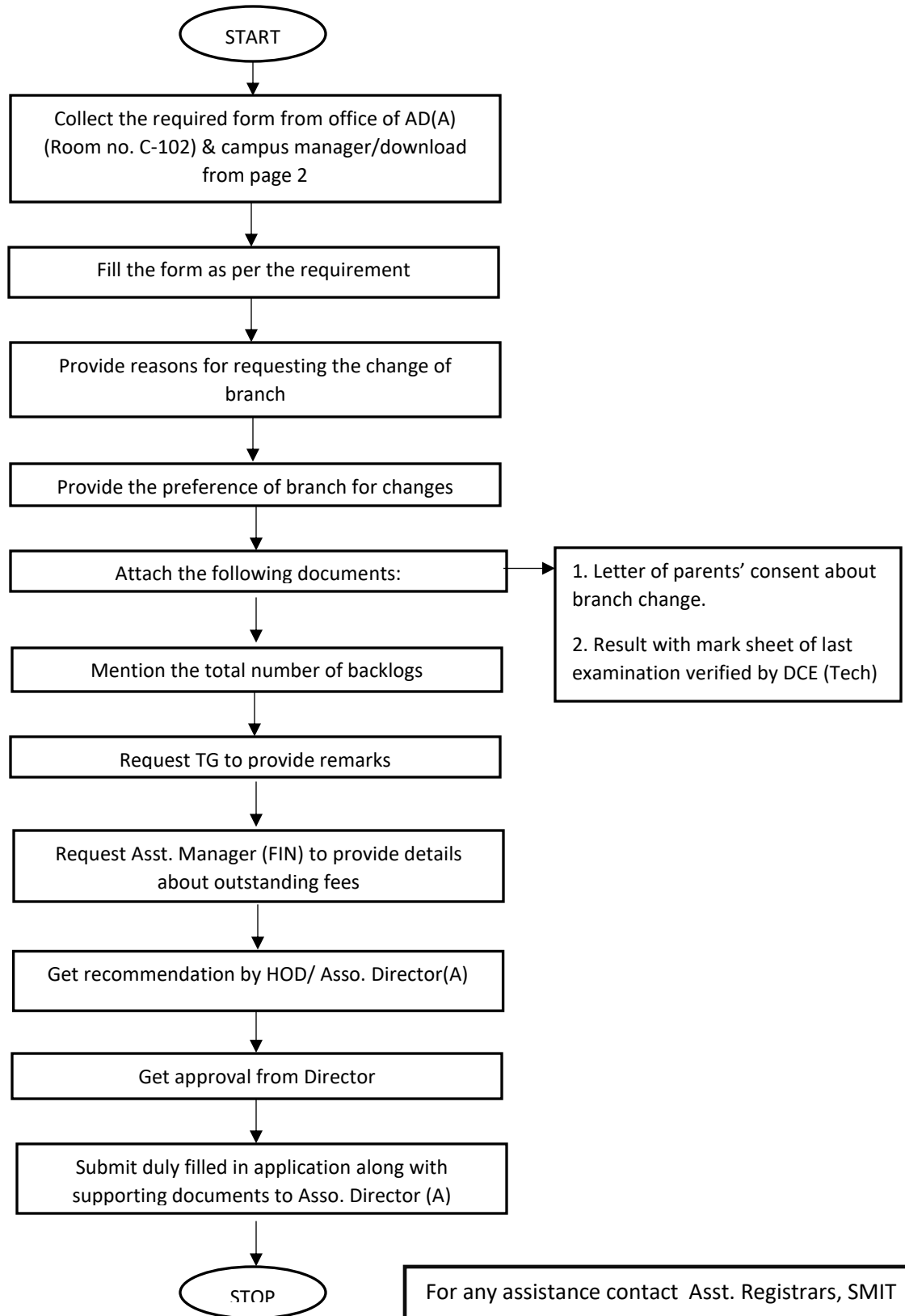


# CHANGE OF BRANCH IN SECOND YEAR



For any assistance contact Asst. Registrars, SMIT

1. Mr. Saumya Das (7076566858/  
asstregistrar.admin@smit.smu.edu.in)
2. Mr. P.M. Pradhan (8984212456/  
asstregistrar.acad@smit.smu.edu.in)
3. Mr. Ishwer Shivakoti (8768231697/  
asstregistrar.compliance.smit.smu.edu.in)



**APPLICATION FORM FOR CHANGE OF BRANCH IN SECOND YEAR**  
(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No. ....
2. Parent's name ..... Phone No. ....  
(F/M/G#):
3. Dept./Branch ..... Sem/Sec. ....
4. Email ID ..... Phone No. ....
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No: .....
6. Reason(s) for requesting the change of Branch:.....  
.....
7. Preference of branches for change: 1.....  
2.....  
3.....
8. Supporting Documents attached.  
(i) Letter from parents consenting the change of branch: Yes/No  
(ii) Results with mark sheet of last examination verified by DCE (Tech): Yes/No
9. Total nos. of backlogs cleared: .....Total Nos. of backlogs now : .....
10. Signature of the student: ..... Date: ...../...../.....
11. Remarks by TG :.....
12. Remarks by Asst. Manager (FIN), SMIT about outstanding fees if any: .....  
.....
13. Recommended by HOD/ Associate Director (A)\*: ..... Date:.....
14. Approved by Director: .....Date: .....

**15. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the Associate Director (A) for record and further actions. [Contact No: 03592- 246145 OR 03592- 246117/ 246118/ 246119/ 246120 ext: 270]**

# F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

\* Associate Director (A) only for 1<sup>st</sup>. year students and HODs for Higher semester students.