



ABHILASHI UNIVERSITY

Chailchowk, Tehsil Chachyot, District Mandi, HP – 175045, India

APPLICATION FOR CHANGE OF DEPARTMENT/COURSE

For Office Use Only

No.....

Date.....

Present Department/Course

Requested Department/Course

To

The Vice-Chancellor,
Abhilashi University

Subject: Change of Department/Course with in the University

Sir,

I S/D/o,
presently a student of (Name of Course),
request your good-self to kindly allow me to change my Department/ Course to
(Name of Course)
against the vacant seat available in the requested department. I am eligible for the admission to the new course as per the
eligibility criteria fixed for the requested course. I abide to pay all the requisite fees for the new course.

Yours faithfully

Name

Registration Number

Department/ Course

Recommendation/ Permission of Dean/ Coordinator of Current Department

Dean

Report of the Dean/ Coordinator of requested Department (regarding vacant seat)

Dean

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Permitted/Not permitted

Vice-Chancellor

Registrar office for n/a

Academic branch: Existing Registration Number

New Registration number

Dealing clerk

Registrar