

# COURSE CHANGE FORM -2017-18

## ONLINE COUNSELING PROCESS, DEPARTMENT OF EDUCATION

- a) Register Number: .....
- b) Name of the Candidate : .....
- c) Course Level : .....
- d) Counseling Centre : .....

If candidate is represented by authorized person

- e) Name of the person attending : .....
- f) Relationship with the candidate : .....
- g) Address :  
: .....
- h) Mobile Number : .....
- i) Name of Course Selected: .....  
(For last allotment)
- j) Name of College Selected: .....  
(For last allotment)

### Declaration

I, *[Name of the Candidate] / [Name of Authorized Person]*, do hereby declare and confirm that I am willing to participate in the *Plus two level Reserved / Diploma Level Merit / Diploma Level Reserved\** Allotment.

Signature of the counseling center  
administrator with date and time

Signature of the candidate /  
authorized person with date and time

**\* Strike Off which is not applicable**

**# Candidate must submit this form along with Selection Form obtained after previous counseling**