

COURSE CHANGE FORM -2019-20

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