

# COURSE CHANGE FORM

## 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**