Exam Code :54257

# AGRA VANASTHALI VIDYALAYA

Affiliation No. 2130789

Near Yamuna Express way, Chalesar, NH-2, Firozabad Road, Agra-282006

Affiliated to CBSE (10+2) New Delhi

Website : avvagra.com Email : avvagra@gmail.com

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## APPLICATION FOR WITHDRAWAL

Date of Application

1. Name of the Student (In block letters)

2. Student Name in Hindi .....

3. Student Phone No. 4. D.O.B. (In Number)

D.O.B. (In words).....

5. Father's Name ..... Mobile No. .....

6. Mother's Name .....

7. Category : SC ☐ ST ☐ O.B.C. ☐ GENERAL ☐ OTHER ☐

8. Address Local .....

.....

9. Reason For Leaving .....

.....

10. Nationality ..... Religion ..... Caste .....

11. Class in which last studied/studying ..... Sec ..... Roll No.....

12. Status of Result (Pass/Fail)..... Admission Class (First time in school).....

13. Date of Leaving School ..... Academic Session .....

14. Library Dues (If Any) ..... Sign by Librarian .....

15. Science Lab Dues (If Any) ..... Sign by Science Teacher .....

16. Fees Dues (If Any)..... Sign by Accountant .....

17. Attached the following Documents (i) Marksheet of Previous Year (ii) Fees Card of Previous Year

(iii) Admit Card of Previous Year (iv) Aadhar Card of Student (v) D.O.B. Certificate

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### DECLARATION BY THE PARENT / GUARDIAN / STUDENT

I hereby declare that all the information provided above are to the best of my faith, knowledge and belief and if any part of the information is found incorrect, I/My ward will be held responsible for any action deemed fit by authority.

Signature with Date
Student

Signature with Date
Parents/Guardian

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### For Office Use Only

1. Comp Admin No. ..... 2. S.R. No. ..... 3. Fee A/c. No.....

4. All the documents are deposited and found correct. If found incorrect, then i will be responsible.

Name..... Signature with date.....

5. All the dues of previous year are clear and paid. If found any dues of any type, then i will be responsible.

Name..... Signature with date.....