APPLICATION FOR AUTHORISED BREAK OF STUDY

(To be used by the students of University Departments)

1. Name of the Student :

2. Roll No :

3. Department in which studying :

4. Programme and Branch of Study :

   UG / PG........Branch..........................

5. Month and Year of admission to the I Semester :

6. Mode of Study :

   Full Time (Regular) / Full Time (SS)
   Part Time – (Day Time) Part Time
   (Evening)

7. Details of number of semesters completed before break of study
   (Specify the academic years / period) :

8. Semester, Duration & Period for which the
   Break of study is sought for :

   Semester :
   Duration :
   Period From.................. To...

9. Details of semesters yet to be completed :

10. The Session and Academic Year during
    which the student proposes to rejoin
    and continue the course :

11. Mentioned the academic year in which
    the maximum period for completion of the
    programme normally ends as per Regulations
    (UG / PG) :

12. Whether the remaining period after rejoining
    the course is adequate to complete the course
    as per Regulations (Tick the relevant column) :

    Yes / No

13. Reasons for the request of break of study
    (please specify) :

    (Full time students are not eligible for break of
    study if they go for higher studies or Job or training
    programmes unconnected with the present
    area of study etc)

    (If the request is on Medical grounds, Medical
    Certificate from an authentic Medical officer is
    to be enclosed for that period) :

Medical / Personal
14. Full Address for Communication during the time of break of study (with Pin Code & Phone No. / Mobile Phone No.)

15. Details of the arrear courses from the previous semesters to be completed (if any)
   (Add separate sheets if necessary)
   (Mark sheets of the completed semesters are to be enclosed)

16. Details of break of study availed previously, If any.

17. Details of prevention due to lack of attendance (if any) during the course of study till the date of application for Break of Study.

From........................To..............................

Semester:
(during which BOS was applied earlier)

From........................To..............................

Semester:
(Mention the semester during which the candidate was prevented)

SIGNATURE OF THE STUDENT

SIGNATURE OF THE CLASS ADVISOR / FACULTY ADVISOR WITH SEAL

19. Remarks of the HOD
   (Recommended / Not recommended)
   Recommendations shall be based on Satisfactory replies given on all items 1 to 17 by the students)

Recommended / Not recommended

SIGNATURE OF THE HOD WITH SEAL

Station :

Date :

Note : Your application for Break of Study for will not be processed unless all the required details are submitted to the Director, Academic Courses along with your application.