

**NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR**

**शैक्षणिक अनुभाग / ACADEMIC SECTION**

Acad-61/

23.01.2026

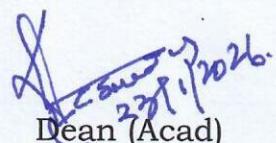
**सूचना / NOTICE**

This is for information to all concerned that students admitted to any of the courses offered by the Institute in the UG / PG program may apply for withdrawal of seat, if he/she desires, during the continuation of the program and shall have to follow the procedure mentioned hereunder.

Application for withdrawal must be made by the concerned student addressed to the Dean (Academic) and duly forwarded by the respective HoD. To complete the process of withdrawal, the concerned student must submit the Clearance Form after getting due clearance from the departments / sections and the photocopy of the Bank Account details of the student concerned. Incomplete applications for withdrawal will be summarily rejected.

Application submitted by parent/guardian or any other person will not be entertained. Admissible fee refund (Caution Money) to such students will be made as per Institute refund policy and the refund shall be made only to the bank account of the concerned student as per the bank account details furnished by the student in his / her application for withdrawal and supporting document furnished. Bank Account details of parent/guardian or any other person will not be accepted.

The Clearance Form is attached below.



23/01/2026  
Dean (Acad)

*Copy forwarded for kind information / necessary action to:*

- 1) Director, NIT Silchar for his kind information
- 2) Registrar, NIT Silchar for his kind information
- 3) All Dean's
- 4) All HoD's
- 5) Chairman, Library
- 6) Deputy Registrar, Accounts
- 7) Institute Website

**NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR****शैक्षणिक अनुभाग / ACADEMIC SECTION****वापसी हेतु निकासी फार्म****CLEARANCE FORM FOR WITHDRAWAL**

Name of Student: \_\_\_\_\_

Registration No	Semester	Program (B.Tech/M.Tech/M.Sc./MBA)	Department	Hostel No.

Consequent upon receipt of all materials from the aforesaid student, the undersigned hereby issues the Final Clearance in favour of him/her from this Department/Section for release of all his/her admissible claims from this institute. The undersigned has no demand against this student any more.

Sl. No.	Name of the Clearing Department/Section/Branch	Signature of the Concerned Head	Remarks (if any)
1	Department		
2	Hostel		
3	Training & Placement		
4	Dean S/W		
5	Library		
6	NCC/NSS/NSO		
7	Accounts		
8	Estate		

Date: \_\_\_\_\_

**(Full Signature of the Student)**

Mobile No. \_\_\_\_\_