

Mobile Phone No. / E-mail id)

## K.S.R COLLEGE OF ENGINEERING

(Autonomous Institution, Approved by AICTE, Accredited by NAAC with 'A++' grade & Affiliated to Anna University)

## K.S.R. Kalvi Nagar, Tiruchengode – 637 215, Tamil Nadu, India OFFICE OF THE CONTROLLER OF EXAMINATIONS

## APPLICATION FOR AUTHORISED BREAK OF STUDY

1.	Name of the student	:	
2.	Register Number	:	
3.	Programme and Branch of study	:	Programme:
			Branch:
	<u> </u>		
4.	Month and year of admission to the	:	
	Semester - 1		
5.	Regulation under which the student got	:	
	admission to the I semester		
6.	Mode of study	:	Full Time (Regular / Lateral / Transfer)
7.	Details of number of semesters Completed	:	
	before of break of study		
	(Specify the academic year / period)		
8.	Semester, Duration & Period for which the	:	Semester:
	Break of study is sought for		Duration:
			Duration.
			Period From: To:
9.	The session and Academic year during which	:	
	the student proposes to rejoin the course		Session: Odd / Even
			Academic Year:
10.	Mentioned the academic year in which the		
10.	maximum period for completion of the programme		
	normally ends as per Regulations		
11.	(UG/PG) under which student got admitted Whether the remaining period after rejoining		Yes / No
	the course is adequate to complete the course	•	
10	as per Regulations	_	Madiaal / athora/Chasity
12.	Reasons for the request of break of study (Relevant Certificate is to be enclosed for that	:	Medical / others(Specify)
	period)		
13.	Full Address for communication during the time of		
	break of study (with Pin Code & Phone No./		

14.	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)				
15.	Details of break of study availed previously if	:	FromToSemester:		
	any		(During which BOS was applied earlier)		
16.	Details of prevention due to lack of attendance (if	:	FromToSemester:		
	any) during the course of study till the date of		(Mention the semester during which the		
	application for Break of Study		candidate was prevented)		
Note	Your application for Break of Study will not b	e r			
submitted to the principal along with your application					
Date: Signature of the Student					
17.	Remarks and Endorsement from the Class	:			
	Advisor				
18.	Remarks of the HOD (Recommendations shall be	:	Recommended / Not recommended		
	based On Satisfactory replies given on all items 1				
	to 17 by the students)				
			Signature of the HOD		
Necessary Data Uploaded in Anna University web portal on					
Approved / Not Approved					
Principal					

**Controller of Examinations**