



PROFORMA- REQUEST FOR DIRECTED STUDIES

Name of Faculty: _____ Department: _____

Program/Course: _____ Shift: _____

Teacher's Name : _____

Name of Candidate	
Father's Name	
Current Semester	
System ID/ Registration No	
Name of Sponsoring Agency (If sponsored)	
Contact No	
Amount Deposited	Rs:----- Letter/Challan No & Date:-----
Detail of Contact Hours	

Date	Time	Total Hours	Signatures	
			Faculty Member	Coordinator

Remarks (If Any):

COUNTERSIGNED

Head of Department : _____

Dean: _____