

Deviprasad Goenka Management College of Media Studies (DGMC) RSET Campus, S. V. Road, Malad (w), Mumbai 400 064, Maharashtra, India

Signature of Approver: _____

Office Staff Signature & Date: Entered in ERP by: Date:

ADMISSION CANCELLATION FORM

Approved by:	Date:	Co	omments:
Signature of Course Coordinato	r:		
Signature of Principal:			
Head of the College Remarks for	r Cancellation:		
	COLLEGI	E USE ONLY	
Signature of the Student:	Signature of the Parent		
Indicate your reason for cancellation	on in space provided	below:	
REASON FOR CANCELLATIO	<u>ON</u>		
S. B. Account No.		_ IFSC Code:	
Bank Name:	Bran	ch:	
Phone No.:	Email ID:		
Address:			
Receipt No.:	Date:	Amo	unt:
Name of the Student: (Write in	n BLOCK letters –	please start with Surn	Class: name First)
DETAILS OF THE STUDENT			
prasad Goenka Management ege of Media Studies (DGMC) Campus, S. V. Road, Malad (w), nbai 400 064, Maharashtra, India			
	Date:	Division:	Roll No.: