

ADMISSION CANCELLATION FORM

Date: _____

DETAILS OF THE STUDENT

Name of the Student: _____ Course: _____
(Write in **BLOCK** letters – please start with **Surname First**)

Address: _____

Phone No.: _____ Email ID: _____

Receipt No.: _____ Date: _____ Amount: _____

Bank Name: _____ Branch: _____

Account No. _____ IFSC Code: _____

REASON FOR CANCELLATION

Indicate your reason for cancellation in space provided below: _____

Signature of the Student: _____ Signature of the Parent: _____

COLLEGE USE ONLY

Remarks for Cancellation: _____

Library: Dues / NO Dues

Signature of Librarian

Admin Staff Signature
(Eligibility Department)

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

Signature of Principal: _____ Signature of Academic Coordinator: _____
.....

Acknowledge Receipt

Received from _____

Application for Admission Cancellation on _____

Receiver Signature

***Required Documents along with form: 1-Fee Receipt 2-Identity Card 3-Cancelled Cheque**