

## ADMISSION WITHDRAWAL FORM

Student Name \_\_\_\_\_

Program Name \_\_\_\_\_

Admission No./Application No. \_\_\_\_\_

Father Name \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_

Mobile Number \_\_\_\_\_ Alternate Contact No. \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Admission/Reporting \_\_\_\_\_

Date of request for seat withdrawn \_\_\_\_\_

### **Reason for Withdrawal**

### **Fee Payment Details**

<b>Fee Type</b>	<b>Amount Paid</b>
Program fee	
Hostel Fee	
Other Fee (If any)	

**Please submit the following documents. Refund will be done only if all the documents are submitted:**

- Receipts of Amount Paid. (Photocopies)
- Hostel cancellation form to be attached (If applicable)

\_\_\_\_\_  
**Signature of the Student**

\_\_\_\_\_  
**Signature of the Parent**

Date:

## NO DUES CERTIFICATE

Student Name \_\_\_\_\_ Mob. No. \_\_\_\_\_

Father Name \_\_\_\_\_

Admission No. \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Hostel Allotted (Yes/No) \_\_\_\_\_  
*(If yes, Please fill Hostel withdrawal form)*

Program \_\_\_\_\_ Session \_\_\_\_\_

E-mail ID (in capital letters) \_\_\_\_\_

Purpose of No Dues \_\_\_\_\_

(Withdrawal from University/ Withdrawal from Hostel/Cancellation of Admission/ Relieve from University/  
for getting Marksheet / Any Other-Please Specify)

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

\_\_\_\_\_  
*Student Signature*

S.No.	Department	Room No.	Due/Remark (If Any)	Signature
1	IT Office	A-022		
2	Central Library	A-005		
3	I-Card Submission	ERP Office (B-024)		
4	Sports Incharge	Hostel - 007 A		
5	Accounts Office	A-023		
6	Training & Placement Office	C-015		
7	Alumni Office	Dean Office		

<b>To Be Filled Compulsory By The ERP Office</b>	
Registered or Not in the Current Semester	
Class attended or not in the Current Semester (If Attended, Mention the Percentage/Count)	

\_\_\_\_\_  
*Signature of Dean/HOD*

\_\_\_\_\_  
*Signature of ERP Office*

\_\_\_\_\_  
*Verified by Deputy Registrar*

\_\_\_\_\_  
*Approved by Registrar*