

Cancellation and Fee Refund Form

First Year Studen	nt				Continuing Year S	tudent			
Student's Particulars									
Program & Branch	h								
Date of Admission									
Student's Name									
Student's ID/Portal ID No.: As mentioned on the Admission Letter									
Student's Father Name									
Contact No. & Ad	ldress								-
	PIN Code:								
Brief description of the reason for withdrawal					Bank account details for fund transfer				
				7	Name of the Account Holder:				
			Relation with the student: Father / Mother /			Self			
			Account No.		†				
			IFS Code	Code					
			Bank Name:						
		Branch Address:							
Particulars of Fee Deposited (To be filled by the student)									
Particulars Date of Deposit			Receipt No.	DD No./ cash DD drawn on bank			Amount P	aid	
Course fee									
Hostel fee								 	
Transportation fee									
Others									
Total:									
For Office use by the concerned authorities / HOD									
Particulars of the facilities availed			Date	Na	Remarks by the concerned author ame of the authority Designation		Signature		
Classes attended upto						HOD			
Hostel facility availed upto						Chief Wa	Chief Warden		
Transportation facility availed upto						Transportation Officer			
LR Resources availed or not			015	7	CIL		Librarian		
Please attach photocopy of the relevant documents / receipts.									
Signature of the student									
For Office Use Only									
Application received on : Recomme By:						wal approve			Refund initiated by
			Chaca	initiated in SAP by:					Keruna minaca o _j
Registrar Office Manager Remarks by Vice Chancellor			VI -	Registrar					Accounts Office
Kemuins by vice	<u>Chancenor</u>								
Withdrawal Approved By									
Vice Chanceller									