



Date :

To : Finance Department

From :

Centre :

Subject : Refund of fee.

Dear Sir/Madam,

This is to inform you that Mst/Ms _____ who had enrolled with us for stream _____ wants to cancel the admission w.e.f. _____ (date) due to health issues/transfer/poor performance/travelling issue / _____ (if any). The student has attended lectures till _____ (date).

Payment details: (CENTRE)

Form.No	Date of admission	Payment mode (Full DP / EMI)	Amount paid	Amount cleared

Deduction Details

CENTRE		
Course Registration Fee (As per Order Engine)	TAB Issued (Yes / No)	Notes & Bag issued (Yes / No)

FINANCE	
Service Tax Amount	Amount to be deducted for lectures attended

Refund cheque to be issued in favor of : _____.

- ☐ Enclosures:Refund letter from parent.
- ☐ School Marksheet
- ☐ Doctor's certificate
- ☐ Job Transfer letter / School leaving certificate.
- ☐ System generated Cancellation receipt

Approved By : Centre Head/Admin Head _____

Zonal Head _____

Finance Head: _____

