



Date :

To : Finance Department

From :

Center :

Subject : Admission cancellation without refund.

Dear Sir/Madam,

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

Payment details:

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

Kindly note that “No Refund” is to be given for the same.

Approved By : Centre Head/Admin Head: _____

Zonal Head: _____

Finance Head : _____