Application Format for the Cancellation of Admission and Refund of Fees

Dated _____

To,

The Director,
Academic Affairs,
Doctor Harisingh Gour Vishwavidyalaya,
(A Central University)
Sagar, 470003, Madhya Pradesh, India

Through: Dean, School of _____/Head, Department of _____

Subject: Application for the cancellation of admission and refund of fee* for the Session 2023-24.

(*The date of submission of application by hand in the office of Head/Dean or the date of postal dispatch shall be considered as the date of filling the application for refund of fees.)

Madam/Sir,

I have taken admission in class_____ for which counselling was held on_____. Due to personal reasons, kindly cancel my admission and refund the fee remitted by me as per rules of the UGC. Copy of fee receipt dated_____ (in original) is enclosed herewith. I undertake that so far I have not submitted any application/received the fee.

Thanking you,

Yours faithfully,

_____

(Name & Signature)

Address_____

Email_____ Contact No._____

Bank Account No._____ Name of Bank_____

Branch_____ IFSC Code_____

Endorsement/Comment by:

1. Dean, School of_____/Head, Department of _____ that the application was received on_____ (Sign. Of Dean/Head).

2. Director, Academic Affairs _____
   _____ (Sign. Of DoAA).

For Office Use

Fee of Rs._____ was remitted by the student _____ on _____and fee of Rs._____ may be refunded to the student which is as per rules of the University.

(Sign. of Dealing Assistant Finance Section)

JR (F&A)

(Sign. of Assistant in Audit Section)

Internal Audit Officer

Finance Officer

Registrar