CANCELLATION / REFUND APPLICATION FORM



	Date
Name of the Candidate	
Name of the Parent/Guard	dian
Course registered for	
College and Location (Preference as per Registration	ı Form)
Reason for Cancellation/R	efund
Contact Number	
Name of the Counselor	
Registration Form No and	Date
Signature of Candidate/Pa	arentPlace and Date

For Office Use Only

Payment Refund Details

Sr. No.	Payment Voucher No	Cheque No	Cheque Date	Bank Name and Branch	Amount

Documents Handed Over Checklist:

Original Registration Form	YES NO	Original Receipts YES NO
Counselor Remarks		
Name of the Counselor		Name of the Admission Head
Signature of Counselor		Signature of Admission Head
Place and Date		Place and Date
Branch		

Head Office (Vadodara): 403-404, 4th Floor, Atlantis Heights, Opp. Vadiwadi Fire Station, Sarabhai Main Road, Vadodara- 390023, Gujarat. Phone: 0265 2444800-2444888. Email: admin@royoverseas.com