

# CANCELLATION / REFUND APPLICATION FORM

Date.....

Name of the Candidate .....

Name of the Parent/Guardian .....

Course registered for .....

College and Location .....

(Preference as per Registration Form)

Reason for Cancellation/Refund .....

Contact Number .....

Correspondence Address .....

Name of the Counselor .....

Registration Form No and Date .....

Signature of Candidate/Parent ..... Place 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.....