D Y PATIL INTERNATIONAL UNIVERSITY
AKURDI PUNE

ADMISSION CANCELLATION FORM

Date: _____

1. Student Details

Full Name:	
Course Name:	
Year of Admission:	
Date of Admission (Provisional):	

2. Contact Information

Address:

_____

Phone No. (Student):	
Phone No. (Parent / Guardian):	
Email ID:	

3. Cancellation Details

Reason for Cancellation:

_____

_____

Fee Deposited (at the time of admission):	
Receipt / Transaction Details:	

4. Refund Details

Bank Account No.:	
IFSC Code:	
Account Holder's Name:	
Offer Letter No. & Date:	

5. Declaration

I hereby request the cancellation of my admission and confirm that the information provided above is true to the best of my knowledge.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

For Office Use Only

Reviewed By

Deputy Director – Admissions **Director – Admissions**