ADMISSION CANCELLATION REQUEST

The Registrar,
Vishwakarma University,
Survey No. 2/3/4, Laxminagar, Kondhwa(Bk), Pune-48

Subject : Application for Cancellation of Admission

Dear Sir / Madam,

I, the undersigned, have taken admission to Vishwakarma University (VU).

Teacher Guardian/Mentor

SRN :	Program Name :	
Year & Semester :	Branch :	
submitting original receipt for t Thanking you,	, I want to cancel my admission for t he payment made towards admission.	
Name of the Candidate :		
Contact Number :	Email ID :	
		Signature of the Candidate
and from this moment VU do related to admission / persona		ts Signature of the Candidate
I hereby confirm that the reason of admission is true, complete regarding cancellation of admi		on Signature of the Parent Contact No :
Approved by :		

For Office Use Only						
Fees Paid	Receipt No.	Refund (Amt)	Refund Details	Signature		
				(Accounts Office)		

Head of Dept.

Dean

Date : _____