



S.No. 2/3/4, Laxmi Nagar, Kondhwa Budruk, Pune - 411 048

**PROVISIONAL ADMISSION CANCELLATION REQUEST FORM – OFFICE COPY
AY: 2020 – 2021.**

Date: _____

To
Authorized Authority
Vishwakarma University, Pune.

Dear Sir / Madam

I have taken admission to Vishwakarma University (VU) for AY: 2020 – 2021. My details are as follows:

- **Full Name:** _____
- **Admission Date:** _____
- **SRN:** _____
- **Programme Name:** _____
- **Year (First Year/ Second Year) :** _____

For below mentioned reason, I want to cancel my admission for the said programme. I am hereby submitting original receipt(s) for the payment made towards provisional admission.

Reason for Cancellation: _____

I request you kindly deduct applicable admission cancellation charges and refund the balance amount. I am aware that the payment (refund, if applicable) will be made within 15 working days.

I hereby confirm that all original documents are handed over back to me. From this moment VU does not possess any original documents related to my admission / candidature.

Thanking you
Yours Faithfully,

Student Signature

Parents Signature

Contact Number: _____

Mobile: _____

Email ID: _____

Email ID: _____

For Office Use Only

Documents Enclosed	
Approved by Authorized Authority	

For Accounts Section

Fees Paid	Receipt No.	Refund (Amt)	Refund Details	Accountant



S.No. 2/3/4, Laxmi Nagar, Kondhwa Budruk, Pune - 411 048

**PROVISIONAL ADMISSION CANCELLATION REQUEST FORM - STUDENT COPY
AY: 2020 – 2021.**

Date: _____

To
Authorized Authority
Vishwakarma University, Pune.

Dear Sir / Madam

I have taken admission to Vishwakarma University (VU) for AY: 2020 – 2021. My details are as follows:

- **Full Name:** _____
- **Admission Date:** _____
- **SRN:** _____
- **Programme Name:** _____
- **Year (First Year/ Second Year) :** _____

For below mentioned reason, I want to cancel my admission for the said programme. I am hereby submitting original receipt(s) for the payment made towards provisional admission.

Reason for Cancellation: _____

I request you kindly deduct applicable admission cancellation charges and refund the balance amount. I am aware that the payment (refund, if applicable) will be made within 15 working days.

I hereby confirm that all original documents are handed over back to me. From this moment VU does not possess any original documents related to my admission / candidature.

Thanking you
Yours Faithfully,

Student Signature

Parents Signature

Contact Number: _____

Mobile: _____

Email ID: _____

Email ID: _____

For Office Use Only

Application Received Date:	
Documents Received along with Application:	
Admission Processed by (Admission Cell Staff) Signature	
Admission Processed by (Admission Cell Staff) Name	
Remark (if any)	