

Refund Application Form for Cancellation of Admission
(Session 2026-27)



Official Use: (Mandatory):

Ref. No

School/College: _____

Date:/...../2026

Branch/Course: _____

- **Registration number of the Student:** _____ / _____
- **Personal information of the Student:**

Name of the student: _____

Father's/Mother's Name _____

Address : _____

Contact No. : (1) _____ (2) _____

- **Details of Fee Deposited (with Original receipt)**

a. Academic Fee Rs. _____ Receipt No. _____ Dated _____

b. Hostel/ Transportation Fee Rs. _____ Receipt No. _____ Dated _____

c. Reason of Cancellation of admission (mention reason below)

Account Details to be filled by Parents/ Students

Account Number:..... **Name of A/C Holder:**

IFSC Code: **Place of Bank:**.....

Name of Bank:

Signature of Student: _____ **Signature of Parent/Guardian** _____

For Official Use

The seat of Mr./Ms. _____ has been cancelled. Refund application form is received on date: ___/___/_____. Refund Amount will be credited* in the Bank Account (as per given details) "Subject to No Dues clearance" from the Concerned Departments.

Admission Done By: _____ (Name of Employee) _____ (Reference Name)

Dealing Officer Signature

Emp ID: _____

Name : _____

Admission Head Signature

Emp ID: _____

Name : _____

Departmental NOC

Department	Responsible	Remarks	Signature	Emp ID
Academic Clearance	Dean/HOD			
Hostel/Transport/ID Card	Director Admin			
Library ID Card	Librarian			
ERP A/c	IT Head			
Fees Verification	Account Head			
Loan Letter	Admission Head			