



Pravara Institute of Medical Sciences
(Deemed to be University)
Admission MBBS/ BDS 2018

Annexure - D
(Refer para 10)

Application for Cancellation of Admission

(to be filled in duplicate)

Date : ___ / ___ /2018

To.
Competent Authority,
Pravara Institute of Medical Sciences,
Loni (BK), Tal : Rahata, Dist : Ahmednagar
Pin : 413 736 (Maharashtra)

Subject : Cancellation of Admission.

Respected Sir,

I,
NEET (UG) 2018 Roll No.:, NEET (UG) 2018 All India Rank :
NEET (UG) 2018 Percentile Score : was admitted to MBBS / BDS course at
..... college on/...../2018 under
.....category.

Now I wish to cancel my admission since

- 1) I have secured admission through another Competent Authority forcourse in another college.
- 2) I wish to cancel it for personal reason/s.

I hereby request you kindly return my original documents and the amount of fees that I am entitled for as per University rules.

Thanking You,

Yours faithfully

Signature of Candidate

<p>Name & Address of candidate :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Pin Code : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Tel. No.</p>
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Signature of Parents/Guardian

<p>For office use only:</p> <p>Amount Paid ₹ :</p> <p>Amount deducted ₹ :</p> <p>Amount refunded ₹ :</p> <p>Cheque No. & Date.</p> <p>Bank particulars :</p> <p>.....</p> <p>.....</p>
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- Enclosure : 1. Original copy of Admission Letter,**
2. Original fees receipts