



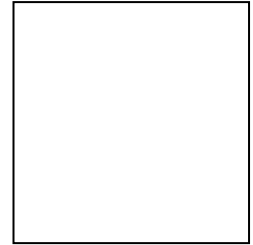
# DR. A. P. J. ABDUL KALAM UNIVERSITY, INDORE

## ADMISSION CANCELLATION FORM

To,

Date:...../...../.....

The Pro VC / CFAO  
Dr. A.P.J. Abdul Kalam University  
Indore-Dewas Bypass, Village: Arandiya  
Indore, (MP)



Respected Sir/Madam,

I have taken admission at Institute.....year.....  
My particular are as follows:

Registration Date:.....Program/Course:.....Institute.....

Taken admission at office.....from.....

Name:.....

Communication address:.....

City:.....Pin.....

State.....Country.....

Current Contact No. ....Email ID.....  
(Compulsory) (Compulsory)

Reason for cancellation:.....

I request you to cancel my admission. I am aware that refund of the course fees paid by me till date will be as per the University policy. I have read the instructions at the time of filling of the form.

Date of Application

Principal

Student's Signature

Cell Incharge

Pro VC / CFAO Signature