

SYMBIOSIS INTERNATIONAL UNIVERSITY

APPLICATION FOR CANCELLATION OF PROVISIONAL ADMISSION AND REFUND OF FEES		
Sr.No	Particulars	Facts
1	Name of the Candidate	
2	Admission Category	
3	Student ID	
4	Name of the Institute	
5	Name of the Programme	
6	Batch	
7	Date of Application for Cancellation	
8	Date of Admission	
9	Merit List No.	
10	Date of Commencement of the Programme	
11	Installments Paid	
12	Reason for Cancellation	

DETAILS OF FEES PAID :

Sr. No	Name	Approved Fees (Amt in Rs.)	Fees Paid by the candidate (Amt in Rs.)
1	Academic Fee		
2	Institute Deposit		
3	Hostel Deposit		
4	Hostel Fee -Sharing		
5	Mess Fee		
6	Total Fees Paid		

Fees paid will be refunded in accordance with the rules as prescribed by **Symbiosis International University** and through NEFT/ RTGS **ONLY**

Please send Signed scan copy of this duly completed form by email to Institute. Please note that fees will be refunded online within 15 days from receipt of email.

Amount of the refund will be credited into bank account as per the information furnished by the applicant.

Bank Account Holders Name	
Bank Account Number (Please prefix all ZERO(S) , if applicable)	
Bank Name	
Name of the Branch	
Address of the Branch	
IFSC Code of the Bank	
Bank Account Type	
Candidate's Mobile No.	
Candidate's E-mail ID	

I hereby **confirm** that the information related to my bank details is accurate. Symbiosis International University or any of its Constituent/ Department will not be held responsible for any error arising due to inaccurate data furnished by me.

I authorize Symbiosis International University to consider my application for cancellation of provisional admission of and refund of fees, as per rules.

I understand that by applying for cancellation of provisional admission of mine, I **surrender** all rights to my seat and will no longer be considered for admission for the **Batch**
of**(Name of Programme)** Programme of..... **(Name of Institute)**.

I declare that the information entered by me is correct.

Candidate's Name :	Student ID :
Candidate's Sign:	

For Office Use only			
Student ID:			
ACTION BY THE ADMINOFFICE/COORDINATOR			
A	Cancellation of TRN No. of the Candidate	Yes /No	
B	Identity Card / Library Card taken back	Yes /No	
C	Original Documents Returned to Student.	Yes /No	
D	Uniform measurement by Tailor done or not	Yes /No	
E	Up gradation of Cancellation list of candidates.	Yes /No	
F	No Dues form	Yes /No	
Date of email receipt of cancellation form			
Signature of Admin officer/Office Superintendent :Date			
ACTION BY THE ACCOUNTANT			
Total Amount of Refund given Rs.: Date:			
Signature of Accountant:			
APPROVAL OF DIRECTOR: _____			
1. Refund of Rs. _____ Approved/Not Approved.			
2. Date _____.			
3. Signature of Director _____			
APPROVAL OF FEE REFUND SUB COMMITTEE FOR STUDENT ID:			
RECOMMENDATION OF SIU'S FEE REFUND SUB COMMITTEE		APPROVED AMOUNT RS.:	
		REMARKS:	
Member	Member	Member	Chairperson
Approved by			
Registrar, Symbiosis International University Date:			