ALLIANCE UNIVERSITY

Private University established in Karnataka State by Act No.34 of year 2010
Recognized by the University Grants Commission (UGC), New Delhi

(For office use only)
Student file No.: _____
Refund Application No.: _____
Receipt Date.: _____

To,

Date: _____

Director – Admissions
Alliance University
Chandapura-Anekal Main Road,
Anekal,Bangalore – 562 106

Subject: Application for cancellation of admission and request for refund of fee

Respected Madam,

I Mr./Ms._____S/o./D/o. _____

bearing Application Form No._____being provisionally admitted to the _____

_____ course at _____ .

Alliance University, seek to withdraw my admission due to _____

Hence I request you to refund the fees paid by me after making deductions as per the refund policy of the University.

The details of the fees paid are as follows:

Sl. No.	Particulars	Mode of Payment (DD/Cash/Online)	Receipt No.	Receipt Date	Amount Paid (in INR)
1.	Registration Fee				
2.	Tuition Fee				
3.	Hostel Deposit				
4.	Hostel Fee				
5.	Any other _____				
				Total	

Kindly refund the cheque in favour of_____**(Student name only)** as per the bank records and please send me the cheque to my postal address: _____

_____ City_____State_____Pincode _____

Yours sincerely,

Signature:_____

Mobile Number: _____

Documents Checklist:

- ☐ Letter of provisional admission offer
- ☐ Fee receipts
- ☐ ID card (if applicable)
- ☐ Copy of cancellation cheque leaf /passbook front page