



SVKM'S

USHA PRAVIN GANDHI COLLEGE OF MANAGEMENT

VILE PARLE (W), MUMBAI – 400056.



ADMISSION CANCELLATION FORM

The Principal
Usha Pravin Gandhi College of Management

SAP NO. _____

Madam,

Full Name of Candidate : _____

Address : _____

Tel/Mob. No.: _____

Course : _____ Date of Admission : _____

* Amount of fee paid : Rs, _____ Fee Receipt No. : _____
(*Subject to clearance of D.D.) (Original Receipt Attached)

I request you to kindly cancel my admission and return my original documents.

❖ Reason for Cancellation : _____

Received the following original documents from the Admission Authority.

1. _____
2. _____
3. _____

Signature of the Parents

Signature of the Candidate

Signature of Chairperson Admission Committee : _____ Date : _____

Cancellation No. : _____ Date : _____

Signature of Registrar / Office Superintendent : _____ Date : _____

Signature of Clerk _____ Date : _____

ACKNOWLEDGEMENT

Received Application for Cancellation of Admission from

Mr./Miss : _____ Dated _____

Course : _____

Signature of Clerk : _____ Date : _____

