



SARVAJANIK
UNIVERSITY

INCLUSIVE | INTEGRATED | INNOVATIVE



SARVAJANIK UNIVERSITY
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Admission Cancellation Form

Date of Application	/ / (DD/MM/YYYY)		
Enrollment No.			
Admitted Programme	Branch:		Semester:
Institute/College Name			
Full Name	(SURNAME)	(NAME)	(FATHER'S NAME)
Address			Contact No.:
			1.
	2.		
	City:	State:	Pin code:
Email ID			
Aadhaar Number			
Cancellation Reason:	<input type="checkbox"/> Admission elsewhere <input type="checkbox"/> Health issues <input type="checkbox"/> Personal/family reasons <input type="checkbox"/> Financial constraints <input type="checkbox"/> Other: _____		
Fees Paid Till Date (Last two fees details)	Receipt No.	Amount:	Date: (DD/MM/YYYY)
	Receipt No.	Amount:	Date: (DD/MM/YYYY)
Declaration: "I hereby request cancellation of my admission from the above-mentioned programme and confirm that the information provided is true to the best of my knowledge".			
Student Signature:			Date:
Parent Signature:			Date:
Principal / Dean / Director Signature:			Date:
For Office Use : Admission Cancellation Sanctioned By			
Student Section	Controller of Examination	ERP Coordinator	Account Section
REGISTRAR		PROVOST	