



S.N.

Date:

For Office Use Only

SARSUNA COLLEGE

ADMISSION CANCELLATION FORM

1. NAME OF THE CANDIDATE: _____
2. STREAM: B.A./B.SC/B.COM HONS./GENERAL
3. IF HONOURS THEN MENTION THE HONOURS SUBJECT: _____
4. CATEGORY: _____
5. APPLICATION FORM NUMBER: _____
6. APPLICATION ID: _____
7. RANK IN THE MERIT LIST: _____
8. AMOUNT PAID: _____
9. BANK A/C NUMBER OF THE CANDIDATE _____
10. NAME OF THE BANK _____
11. IFSC CODE OF THE BANK: _____
12. NAME OF THE ACCOUNT HOLDER: _____
13. SUBMISSION DATE: _____
14. REASON OF CANCELLATION: _____

SIGNATURE OF THE CANDIDATE

SIGNATURE OF THE GUARDIAN

This Admission Cancellation form along with copies of Admission Form, Application fees Receipt and Admission fees receipt must be submitted to the Sarsuna College Office.