<u>APPLICATION FOR ADMISSION</u> CANCELLATION (M.Phil. / BS PROGRAM/DPT/NURSING ETC) AND REFUND OF DUES

(To be filled by the candidate on plain paper only)

Student's Name:	Father's Name:										
Name of Institution:					Program(Discipline):						
Session					Year/Semester:						
Please Tick the approp	riate circle(on w	hich c	ategory the s	student g	ot admis	ssior	1)				
O Open Merit (KP / FATA / PATA)	O FATA-IN	O E	Baluchistan	O In-S	Service	0	F.Sc (In Ted	chnology)	0	Self- Finance	
O Minority	O Disable	O k	KMU-Employee	es Wards Quota O Baluchistan Quota							
Amount Deposited: Challan No. & Date:Reason for admission cancellation:											
Signature of student:	CNIC No										
Name of student/fathe	r/guardian (hav	ing ba	ink account) t								
IBAN No:											
Dated:											
	evant documen	ts.									
FOR OFFICE USE ONLY Date of offer of admission	Y: Date of commencer	ment	Date of receipt of	nf	No. of day	ıs het	ween	The rate (in %	age) a	at I	
Date of other of autilission	of classes		application for admission cancellation		No. of days between commencement of classes OR offer of admission (in case admission is offered after the commencement of classes) and receipt of application for admission cancellation		at of r of rase fered after ment of ceipt of	The rate (in % age) at which the amount is required to be refunded (0%, 50%, 100%)			
Certificate: Certified to is submitted for admi					i nformati	ion i	s correct a	nd verified	l the	same	
(Signature & Stamp)											

Copy for necessary to:-

- i. Treasurer, KMU (With the request for refund the deposited amount after due verification with bank)
- ii. Webmaster IT Section, KMU (With the request to cancel his/her admission accordingly).
- iii. Concerned Institute
- iv. Student Copy
- v. Office Record.