



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.: _____

To,
Director – Admissions
Alliance University
Chikkahagade Cross,
Chandapur-Anekal Main Road,
Anekal, Bangalore – 562 106
Karnataka, India

Date: _____

Sub.: 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 deposited (in INR)
1.	Registration Fee				
2.	Tuition Fee				
3.	Hostel Deposit				
4.	Hostel Rent				
5.	Transportation Fee				
6.	Any other _____				
Total					

Yours sincerely,

Signature _____

Mobile No.: _____

Documents Checklist:

- Letter of provisional admission offer
- Fee Receipts
- ID card (if applicable)