



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.: _____

Receipt Date.: _____

To,

Date: _____

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

Subject: 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 Paid (in INR)
1.	Registration Fee				
2.	Tuition Fee				
3.	Hostel Deposit				
4.	Hostel Fee				
5.	Any other _____				
Total					

Kindly refund the cheque in favour of _____ **(Student name only)** as per

the bank records and please send me the cheque to my postal address: _____

_____ City _____ State _____ Pincode _____

Yours sincerely,

Signature: _____

Mobile Number: _____

Documents Checklist:

- Letter of provisional admission offer
- Fee receipts
- ID card (if applicable)
- Copy of cancellation cheque leaf /passbook front page