



COLLEGE OF VOCATIONAL STUDIES
(UNIVERSITY OF DELHI)
TRIVENI, SHEIKH SARAI, PHASE II,
NEW DELHI - 110017



APPLICATION FORM FOR WITHDRAWAL/ CANCELLATION OF ADMISSION

Date: _____

The Principal,
College of Vocational Studies,
Triveni, Sheikh Sarai, Phase-II,
New Delhi - 110017

Sub.: - WITHDRAWAL/ CANCELLATION OF ADMISSION

Dear Sir,

I had taken admission in _____ (Course Name) on
_____ (Date of Admission) and my enrollment number is
_____.

Reason for Withdrawal: _____

Date of Withdrawal: _____

I am withdrawing/ cancelling the admission from the College on my own risk and responsibility.

Thanking you,

Yours faithfully,
(Signature)

Signature of Parents / Guardian

Name (Block Letters): _____

College's Roll No.: _____

Course/Class: _____

Address: _____

Mobile No. _____

Email: _____

Clearance Statement:

He/ She has returned the Identity card and nothing is due from his/ her.

Dealing Assistant

Lab Incharge

Librarian

Teacher In-charge

May please be allowed for withdrawal/ cancellation of admission:

Convenor, Admission Committee

Administrative Officer

Approved by:

Principal

COLLEGE OF VOCATIONAL STUDIES
(University of Delhi)

Dated : _____

APPLICATION FORM FOR REFUND OF FEES/ANNUAL CHARGES/SECURITY

NAME (in block letters) _____ Roll No. _____

Father's Name _____ Class _____ Subject _____

Year of Admission _____ Class in which originally admitted _____

Address (in block letters) _____

Reason for Refund of Fee / Security _____

Signature of the Student _____

For Office Use

Certified that the above student has been allowed to withdraw / migrate his / her name from the College Roll w.e.f. _____ He / She has returned the identity card & nothing is due from him / her. Necessary refund of fee etc. may be made as per rules.

Deal. Asstt. _____ S. O. (Admn.) _____ Librarian _____

For Accounts Branch

Certified that a sum of Rs. _____ was received from the applicant and entered in the DEMAND & COLLECTION REGISTER PAGE NO. _____ and security Register page _____ Vol. No. _____ Amount refundable to the student as per University Rule in Rs. _____

Deal. Asstt. _____ S. O. (A / cs) _____ Bursar / A.O. _____

Passed for payment for Rs. _____ Rupees _____

DEBIT HEAD : Refund of FEE/SECURITY

M.G. FEE A/C Rs. _____

S.S. FEE A/C Rs. _____

Deal. Asstt. _____ S. O. (A / cs) _____ Bursar / A.O. _____ Principal _____

Note : Incomplete form will not be entertained and No communication will be sent on this account.

RECEIPT

Recd. Rs. _____ only vide Cheque No. _____ dated _____ from the Principal, College of Vocational Studies, New Delhi, on account of Refund of fee and Security etc.

Sign. of the Student _____

COLLEGE OF VOCATIONAL STUDIES

University of Delhi
Sheikh Sarai-II, New Delhi - 110017

NET/RTGS/ECS DETAILS FOR REFUND OF FEE TO IST YR STUDENTS (2016-2017 SESSION)

1	Student Name & Address (As per Bank Pass Book) :-
2	Beneficiary Name (If student do not have an account) :-
3	Course & D.U. Registration No :-
4	Complete Bank Account No :-
5	Bank & Branch Name :-
6	Bank Address & Phone No:-
7	Branch Code :-
8	IFSC Code :-
9	Contact No. & E-mail ID :-

The Student is requested to either provide the Photostat copy of front page of the "Bank Pass Book" or to take attestation of this form from concerned Bank, as a documentary support of the above mentioned account number.

Students are required to fill the information carefully, the final and sole responsibility of cross checking the account number, Name of the account holder, Bank IFSC Code and every other detail lies with the student, and the college will not be held responsible for any accidentally transferred of fees refund amount to an unintended recipient

(Signature of the Student)

College of Vocational Studies
University of Delhi

Date: _____

ECA registration form
(Must be fill in CAPITAL Letters)

All columns must be filled. Incomplete form shall be summarily rejected.

1. University Registration Form No. : _____
2. Name of Applicant : _____
3. Class XII th. %age (Best of Four) : _____
4. ECA category (subcategory, if any): : _____
5. ECA Rank Obtained : _____
6. ECA Marks : _____
7. Course Preference

i. : _____

ii. : _____

iii. : _____

8. Mobile No. : _____

9. E-mail (in CAPITAL LETTERS) : _____

Signature of Applicant

Candidates are required to attach following self-attested documents with this form:

1. Copy of ECA result.
2. Copy of class XII mark sheet.
3. Copy of the Registration form with showing ECA Category Details: