No. AWKUM/ADMISSIONS/2017/ Dated:

**NOTIFICATION**

The following student got admission in AWKUM and now wants to cancel it. He/She submitted application for refund. He/She may be treated as per details and according to HEC criteria.

|  |  |
| --- | --- |
| **Name** |  |
| **Father Name** |  |
| **Department** |  |
| **Admission Fee Deposited** |  |
| **Admission Fee Bank Receipt Number** |  |
| **Date of Application for Refund** |  |
| **Date of Commencement of Classes****(*Date should be provided by concerned department, with signature and stamp of Chairman*)** |  |
| ***To be filled by Treasurer office AWKUM*** |
| **Refund Allowed (in %)** |  |
| **Total Amount that should be refunded** |  |

**Director Admissions**

**Treasurer:**