Application for MDS Admission Cancel

Name:- _____

Admission Year _____

_____ Year MDS, Roll No._____

Hostel Room No. _____

Address:- _____

_____

Mob. No.- _____

Date:- _____

To,
The Respected Dean,
Government Dental College and Hospital,
Jamnagar.

Subject:- Cancellation of Admission in MDS in Admission Year _____.

Dear Sir/Madam,

With due respect, I _____ Studying in _____ Year MDS. I would like to inform you that I got admission in Dental College and Hospital Jamnagar in MDS ☐ State Quota ☐ All India Quota for Year _____.

I want to cancel my admission in GDCH Jamnagar _____ _____ Reason. I have decided not to continue to program. So kindly cancel the admission and do the needful.

I have been given permission by my parents to cancel this admission. After cancellation of this admission, I shall not have any claim on this admission that I know.

I will not receive any fees paid to this institution that I know.

Thank you

_____

(Student Signature)

Name:- _____

Mob. No.- _____

Document Attach:

1) Admission Order (Allotment Letter)
2) 1st MDS Fees Receipt (copy)
3) University Enrollment Cancel Form
4) Department NOC, Library NOC, Hostel NOC, Account Section NOC, Student SectionNOC, Store NOC.