Admission Cell
Dr. PDNI Amravati–444 603

APPLICATION FOR CENCELLATION OF ADMISSION

(AFTER CUT-OFF DATE)

1. Name of the student: .....

2. Father's Name: .....

3. Course: ANM ☐ GNM ☐ B.SC. ☐ PB B.SC. ☐ M. SC. ☐

4. Date of admission: .....

5. Reason for leaving: .....

6. Address: .....

..... Contact No: .....

7. Total fee paid: Rs. ..... /- Receipts enclosed: Yes ☐ No ☐

8. No objection from the college departments

No.	Departments	Remarks	Signature of HOD / concerned staff
1	Dept. of FON		
2	Dept. of AHN		
3	Dept. of CHN		
4	Dept. of OBG		
5	Dept. of child health nursing		
6	Dept. of mental health nursing		
7	Library		

9. Are you residing in the hostel: **Yes** ☐ **No** ☐

If yes, furnish the following details

Date of admission	Whether monthly rent paid till date (yes/no)	Signature of warden

Date: .....

Applicant's signature: .....

FOR OFFICE USE

Scholarship office (If applicable)

Total scholarship amount sanctioned	Total amount paid / remitted to college A/c.	Total scholarship amount pending

Remarks: .....

Date & sign of scholarship staff: .....

Accounts office

Receipts verified: Yes ☐ No ☐

Total prescribed fee for entire course: ..... /-

Total fee	Total fee to be collected		Fee paid	Pending
I Yr.: ..... /-	From student	..... /-		
II Yr.: ..... /-				
III Yr.: ..... /-	From SWO	..... /-		
IV Yr.: ..... /-	Total	..... /-		

Remarks: .....

Date & sign of accountant: .....

Administrative Officer
Dr. PDNI Amravati

ADMISSION CELL

Remarks: .....

.....

Sign of secretary
Admission committee

Chairperson/Principal
Admission committee
Dr. Panjabrao Deshmukh Nursing Institute