Admission Cell
Dr. PDNI Amravati–444 603

# APPLICATION FOR CENCELLATION OF ADMISSION

(BEFORE CUT-OFF DATE)

Name of the student: .....

Father's Name: .....

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

Date of admission: .....

Reason for leaving: .....

Fee paid: Rs. ..... /- Receipts enclosed: Yes ☐ No ☐

Address: .....

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

Date: ..... Applicant's signature: .....

## ADMISSION CELL

Remarks: .....

Sign of convener
Admission committee

Chairperson/Principal
Admission committee
Dr. Panjabrao Deshmukh Nursing Institute

## FOR OFFICE USE

Receipts verified: Yes ☐ No ☐

Deductions: Administrative charges: ..... /- Any other deduction: ..... /-

Fee refund: Cheque: No. ..... Date: ..... Amount: ..... /-

Accountant
Dr. PDNI Amravati