



# **DIAMOND HARBOUR WOMEN'S UNIVERSITY**

Sarisha, Diamond Harbour Road, South 24 Parganas, West Bengal-743368

Website: [www.dhwu.ac.in](http://www.dhwu.ac.in)

**Date: 03-10-2024**

## **NOTICE**

**Sub: Cancellation of Admission, M.A. / M.Sc. 2024-25**

Newly admitted students (M.A. / M.Sc.) who want to cancel their admission are directed to submit the duly filled in form attached herewith along with the documents / Challan / receipt for payment of admission fees and their bank details to the specified e-mail: [admsncancel.dhwu@gmail.com](mailto:admsncancel.dhwu@gmail.com) within 22-10-2024.

Sd/-

**Registrar**

### **Copy forwarded for information to:**

1. Hon'ble Vice Chancellor
2. Dean of Arts / Science / Student's Welfare
3. All HOD's / Co-ordinators
4. Notice Board.



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**Admission Cancellation form for UG/PG / M. Phil / Ph. D Session 20..... /20.....**

To  
The Registrar  
Diamond Harbour Women's University  
Sarisha, South 24 Parganas

Date: .....

Through the HoD of ..... Department

## **Sub: Admission cancel application.**

Sir,

I beg to state you that I got admission in UG/PG Course in the Department of .....,  
**Diamond Harbour Women's University, for the Session 20..... - 20 .....** But I like to  
cancel my  
admission because .....

I would therefore like to request you to kindly do the needful for the cancellation of my admission from  
**Diamond Harbour Women's University** and request you to refund my fees which I deposited.

I expect your kind attention and favour at your earliest.

With thanks.

Yours faithfully

### **Admission Details:**

1. Course :B.A. / M. A./ M. Sc / M. Phil / Ph. D : .....
2. Name of the Candidate:.....
3. Department /Subject : .....
4. Application / Form No.: .....
5. Category : General/SC/ST/OBC-A/OBC-B/PWD / Other : .....
6. Date of Admission :.....
7. Amount of fees deposited: Rs...../-(Please attach admission money receipt/admission form)
8. Bank Details : i) Account No. —: ..... (Must be Student's own)  
ii) Name of Bank &Branch :.....  
iii) IFSC Code :.....  
iv) Name of A/C holder :.....

(Please attach cancel cheque/ photocopy of passbook)

**MOBILE NO:**

**Signature of Applicant**