

**APPLICATION FOR ADMISSION WITHDRAWAL & FEE REFUND 2024-25**  
(fee refund as per DIT University Policy)



Student's Name		Father's/Mother's name			
Address and Contact		Student's ID No: (As mentioned on the Admission Letter)			
Program & Branch		Date of Application by the Student:			
<b>Brief description of the reason for Admission withdrawal</b>		<b>Bank account details for fund transfer</b>			
		Name of the Account Holder			
		Relation with the student	Father / Mother / Self		
		Account No.			
		IFS Code			
		Bank Name			
		Branch Address			
<b>Particulars of Fee Deposited (To be filled by the student)</b>					
<b>Particulars</b>	<b>Date of Deposit</b>	<b>Receipt No.</b>	<b>DD No./ Cash</b>	<b>DD drawn on bank</b>	<b>Amount Paid</b>
Course fee					
Hostel fee					
Transportation fee					
Others					
Total:					
Declaration by the Student: I hereby express my consent, to abide by DIT UNIVERSITY FEE REFUND POLICY on my own free will.					
Signature of the Student:					
<b>For the use of school/Concerned department</b>					
<b>Particulars / Facilities</b>	<b>Facilities availed upto (Date)</b>	<b>Remarks by the concerned authorities / HOD</b>			
		<b>Name of the authority</b>	<b>Designation</b>	<b>Signature</b>	
Classes Attended			HOD/Coordinator		
Hostel Facility			Chief Warden		
Transportation Facility			Transportation Officer		
Learning Resources			Librarian		
Please attach photocopy of the relevant documents / receipts.					
<b>The date of submission by student with all records and details will be considered for the calculation of the refund</b>					
<b>Withdrawal Form No. (To be filled by Admission Office)</b>	<b>Date of Receipt of Application (To be filled by Admission Office)</b>	<b>Withdrawal Recommended By:</b>  Head Admissions		<b>Withdrawal Recommended By:</b>  Registrar	
<b>Approved by:</b>  Vice Chancellor		<b>Date of De-registration on ERP:</b>	<b>De-registration By: Name &amp; Signature</b>	<b>Refund Initiated by:</b>  Accounts Office	