The B.S.G.DS' Junior College of Commerce, Arts & Science APPLICATION FOR CANCELLATION OF ADMISSION (Please Attach Original Fee Receipt)

ACADEMIC YEAR 20 - 20

	Date :				ate :
From: Name of the Student Shri/Smt./Kum.	y:				
(In Block Letters)	(Surname)	(Own Name)	(Father's/Hush	pand's Name)	(Mother's Name)
Residential Address Science record)	(As registered	d in the The B.S	.G.DS' Junior (College of Co	mmerce, Arts &
Pin Code :	Tel.				
No.:					
Class:	Year	r to	_ Div	Roll No	0
To, The Principal, The Bombay Suburban G Commerce, Arts & Science Bhadran Nagar, Road No Off. S.V. Road, Malad (W MUMBAI – 400 064.	ee o. 1,	nior College of	Date: _	Fee Receipt	- No
Madam, I Secured admissio College on					-
		eceipt. (No ard and Library C)	
I request you to kindly taking admission to the		_	t / Leaving Certi	ificate which I	have submitted while
Thanking you,				Your	es faithfully,
(Signature of the H		(5	(Signature of the Student)		
Permissi	on may be giv	en to cancel the	Admission as o	desired by the	e student
Concerned Clerk	Permitted to cancel Admission and the necessary notings are made in the in the relevant documents Entitled / Not entitled for Reference of fees as per rule				
Librarian (Signatu	re) Office	e Superintend	ent (Admn.)	Superi	intendent (F & A)

Please refer to the Prospectus for the Rules of Refund. Students are requested to attach Original Fee Receipts alongwith the application.