

# Admission Offer Withdrawal Request Form

Please download the form, fill it, and send a scanned copy to fees@jagsom.edu.in, with a copy marked to admissions@jagsom.edu.in, no later than **31st May 2025 (for tuition fee refund)**.

Dear Sir/Madam,

I wish to request the withdrawal of my admission from JAGSoM.

My details are below.

## Section A: Student Details

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Application Number: \_\_\_\_\_ Email Address (for withdrawal  
Program Applied for: \_\_\_\_\_ communication): \_\_\_\_\_  
Program Offered: \_\_\_\_\_

## Section B: Fee Details

Registration Fee Payment Date: \_\_\_\_\_ First Instalment Fee Payment Date: \_\_\_\_\_  
Registration Fee Paid (Amount): \_\_\_\_\_ First Instalment Fee Paid (Amount): \_\_\_\_\_  
Registration Fee Transaction Number/ID: \_\_\_\_\_ First Instalment Fee Transaction Number/ID:  
\_\_\_\_\_

## Section C: Withdrawal Details

Reason for Withdrawal (Mandatory)

- Personal Reasons  Admission Elsewhere  
 Medical Grounds  Others (Please specify): \_\_\_\_\_  
 Financial Constraints \_\_\_\_\_

\*If admission taken elsewhere, specify the institute/college name: \_\_\_\_\_

Brief Explanation for Withdrawal (Mandatory):

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Date of Withdrawal Request: \_\_\_ / \_\_\_ / \_\_\_\_\_

### **Acknowledgment:**

- I understand that my withdrawal application will only be accepted upon completion of the admission withdrawal process, which includes an online discussion with the Dean/Joint Director.
- I acknowledge that the registration fee is refundable only if the withdrawal application is submitted on or before 5<sup>th</sup> May 2025 and the refund process is completed.
- If the withdrawal request is approved, the refund of registration and/or tuition fees (as applicable) will be processed in the month of November 2025.

Signature of Student:

Signature of Parent/Guardian:

Phone Number:

Phone Number:

Aadhar Number:

### **Section D: For Office Use Only (To be filled by Dean/Joint Director)**

**Key Points Discussed:**

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**Withdrawal Request Status:**

Approved

Not Approved

**Signature of Dean/Joint Director:**

**Date:**