



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3 (A)]

To,
The Registrar,
KLE University,
JNMC Campus, Nehru Nagar, Belagavi, Karnataka

Respected Sir,

APPLICATION FOR SURRENDER OF SEAT

A. Particulars of the applicant:	
1. Name of the candidate :-	
2. NEET Roll No: _____	NEET All India Rank No: _____
3. Category (UR / NRI) :-	_____
4. Contact Details	
a) Correspondence address	_____ _____ _____ PIN _____
b) Contact Nos.	Mobile No. : _____ Telephone No. : _____ STD _____ E-mail : _____
B. Request of the applicant: (tick whichever applicable)	
a) Surrender of Seat	<input type="checkbox"/>
b) Return of my original documents and the amount of fees that I am entitled for as per University rules.	<input type="checkbox"/>
C. List of documents to be attached:	
a) Original Admission Letter (for cancellation of seat)	<input type="checkbox"/>
b) Original fee Amount deposited receipt (for cancellation of seat)	<input type="checkbox"/>
c) ID proof copy with photograph issued by the Government.(PAN / Aadhar card)	<input type="checkbox"/>
D. Requisition for mode of payment for refund of the amount	
a) By way of NEFT / RTGS (Provide NEFT / RTGS Details :)	
1) Account Holders Name :	IFSC Code:
2) Account No:	
3) Bank Name and Branch Address:	

Date: _____

Signature of the Parent/Guardian

Signature of the candidate



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DECLARATION

(Cancellation of Seat)

I hereby cancel my seat which was allotted to me and I hereby declare that I am fully aware of the Rules and Regulations of the University / MCC (DGHS) as regards to admission process for MEDICAL / DENTAL courses and also the refund policy as detailed in the KLE University Admission Process -2017 which has been disseminated on the University website.

Reason for Surrendering Seat: - _____

Date: _____

Signature of the Parent/Guardian

Signature of the candidate