

APPLICATION FOR FEE REFUND

I _____ son / daughter of _____
hereby apply for cancellation of my admission with WMC, as I have got
admission in _____ medical college being near to my home
town / residence. Therefore, it is requested to refund my deposited fee as
per college / PMC policy.

Cheque may please be issued in the name of _____

Student Name: _____

Father Name: _____

Student CNIC: _____

Student CID: _____

Student NUMS Merit Number: _____

Note:

- Please attach original student's copy of the paid fee challan
- Cheque will be ready within 5 x working days.

Declaration:

I hereby declare that all the information given by me in support of my
application are true, complete and correct to the best of my knowledge.

Dated: _____

Signature of Students/ Guardian

Ph / Cell: _____