

# WAH MEDICAL COLLEGE

## APPLICATION FORM FOR REFUND OF FEE

I \_\_\_\_\_ son / daughter of \_\_\_\_\_ hereby apply for cancellation of my admission with WMC, as I have got admission in \_\_\_\_\_ medical college due to \_\_\_\_\_  
Therefore, it is requested to refund my deposited fee Rs. \_\_\_\_\_, vide receipt No. \_\_\_\_\_ dated \_\_\_\_\_  
(Copy attached) as per college / PM&DC policy.

Cheque be issued in the name of : \_\_\_\_\_

Student CNIC: : \_\_\_\_\_

Student Candidate ID : \_\_\_\_\_

Student NUMS Merit Number : \_\_\_\_\_

### 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.

Student Signature

Father / Guardian Signature

Dated: \_\_\_\_\_

Ph / Cell: \_\_\_\_\_

### Note:

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

\_\_\_\_\_  
Manager SA

\_\_\_\_\_  
Manager F&A

\_\_\_\_\_  
Director SA

\_\_\_\_\_  
Dy Director Admin

\_\_\_\_\_  
Director Admin

\_\_\_\_\_  
VP/Dean

\_\_\_\_\_  
Principal