ADMISSION WITHDRAWAL FORM

	Date:
To,	
The Chairman, Admission Cor Gati Shakti Vishwavidyalaya	nmittee
Dear Sir,	
	mitted at Gati Shakti Vishwavidyalaya in the Academic year 2025-26 vide dated My admission details are as
Application/Roll No.:	
Name:	
Category:	
Program & Specialization	
Fees Paid:	
Transaction No.	
Date of Payment:	
	paid as per the refund norms of the University, and deposit the amount to the the fee was deposited as mentioned below:
accepts withdrawal request	
(Send the duly signed scanned co Your email should be titled as "Ad	Name and Signature of the Student py of this form to the email: admissions@gsv.ac.in with a copy to asst.acad@gsv.ac.in mission Withdrawal")
	For Office Use
Processed by Admission Off	ice
Approved by Chairman (Ad	mission Committee)

Forwarded to Accounts Office for Refund Process.