



**UNIVERSITY OF DELHI
FACULTY OF MEDICAL SCIENCES**

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**POST-GRADUATE (DEGREE/DIPLOMA) & MDS COURSES UNDER 50% DELHI
UNIVERSITY QUOTA
FOR THE SESSION 2017**

To
The Dean (Medical)
Faculty of Medical Sciences,
University of Delhi,
Delhi 110007.

Sub.: **Withdrawal from allotted seat.** (in Duplicate)

Sir,

1. I attended the 1st round of Post-graduate Medical Counseling for admission to Post-graduate (Degree/Diploma) & MDS courses under 50% Delhi University Quota for the session 2017 on Saturday, 15th April 2017.

As per my choice, detail of seat allotted to me is:-

Name of course: Permitted/Recognised (tick one)

Name of college:

2. I want to withdraw from the allotted course & college stated at para 1.
3. I wish to attend the 2nd round of counseling for the seats, which will available at that time.
4. The **two original copies of the Admission cum Fees Slip** issued to me is enclosed herewith.
5. I understand that out of Rs.16,600/- deposited by me , a sum of Rs. 2000/- each shall be deducted on account of counselling fees and withdrawal fees and a sum of Rs.14600/- shall be refunded to me, for which a copy of cancelled cheque is enclosed.
6. My Bank details are as follows:

Name

Account No

Bank

IFSC Code

Date:.....

Place:.....

Signature

Name:

S/o, D/o:

All India Rank:

Category:

Note: Last date of submission is 09.05.2017 till 4.00 pm in the office of Faculty of Medical Sciences, University of Delhi.

For office use only

Received the withdrawal request from _____ on _____ (date)

Signature