Application Form for Cancellation of Admission(Please enclose NSU ID card with this form)

Date:DD/MM/YYYY		
Name of the Student:	ID Nui	mber:
Department/ Program:		
1. Reason for Cancellation (With a	documentary evidence, if available):	
2. Student's Signature Student's Contact Number: 3. Clearance from:	Name and Signature Contact Number:	of Parent/Guardian
Library	Finance & Accounts	Proctor's Office
Signature with Name & Seal	Signature with Name & Seal	Signature with Name & Seal
. Department Chairman:		
. Registrar:		
. Pro Vice- Chancellor/ Vice- Cha	ancellor:	
Please fill up this form, take all the cle to the Pro - VC Office with supporting	arances (# 3), Chairman's Signature (# 4), I g documents.	Registrar's Signature (# 5) and submit