



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