Request for TC /Cancellation of KEAM Admission 2020-21

Name of Candidate						
KEAM Roll Number						
Rank	_					
Admitted College						
Date of Admission						
Branch						
Address						
Mobile No & Email ID						
Name of Virtual Centre						
Original Certificates submitted	1 2 3					
Fees paid (Attach original copy)						
Reason for TC/Cancellation of admission (Attach proof)		_				_
Bank details	Name: Bank: IFSC: Account No.		Branch			
I hereby declare to cancel my ad	dmission at				and	b
request to return the TC and ot	her original certifi	cates subm	itted by me an	d refund the	eligible fees p	aid by
me to the above bank account.	I am attaching th	e advance i	eceipt			

Name & Signature of Parent:

Signature of candidate:

Date: