CENTRAL UNIVERSITY OF KARNATAKA
(Established by an Act of the Parliament in 2009)

Administrative Building, Aland Road,
Dist Kalaburagi – 585 367
Phone (08477) – 226714 Telefax : 226702
Website: www.cuk.ac.in
E: registrar@cuk.ac.in

Date: __ / __ / __

ADMISSION CANCELLATION FORM

Name of the Candidate	:
Date of Birth	:
Gender	:
Category	:
Program	:
Reason for cancellation of admission	:
Have you returned admit card ?	: YES / NO

Signature of the Candidate with date

Forwarded by the Dean (if remarks any, please write here)

FOR COE OFFICE USE ONLY

Approved the cancellation of admission: YES / NO

Remarks, if any :

Registrar

RECEPIT OF DOCUMENTS

I _____ cancelled my admission for _____ program in the department of _____. I have received all my original documents from the University.

Signature of the Candidate with date