

Dated: _____

The Vice Chancellor,
People's University of Medical
& Health Sciences for Women,
Shaheed Benazirabad.

SUBJECT: REQUEST FOR REFUND OF Rs. _____.

Respected Sir,

I had applied for admission in MBBS (Self-Finance) program for the session 2024-25 and submitted a Demand Draft No. _____, issued from Bank/Branch _____ dated: _____ amounting to Rs. _____ against a district _____ seat. However, due to my low percentage, I was unable to secure admission.

Therefore, I kindly request you to process the refund of Rs. _____ to Account No/IBAN. _____, Account Title _____, Bank/Branch _____ **OR** issued a crossed cheque in favor of my _____, name: _____. Additionally, I formally withdraw from the admission process and waive any future claim to admission, even if my turn arises.

Thank you for your co-operation.

Yours obediently,

Signature _____

Miss. _____ D/O _____

Relationship with Account Holder: _____ Merit List No: _____

District: _____ Contact No: _____

Note: The candidate should attach a copy of their CNIC with this form.

FOR OFFICE USE ONLY	
Remarks by Admission Section	: _____.
Remarks by Receipts Section, DOF	: _____.
Approved by	: _____.
	Director Finance / Registrar / Vice Chancellor