



SHIFA COLLEGE OF MEDICINE

DROP OUT FORM - For First Year MBBS

I, Mr / Miss / Mrs. _____ S/O, D/O, W/O. _____

got admitted at Shifa College of Medicine in the Class of _____ on local / foreign seat. Now i want to drop out from the college, so I request you to accept my application and forward it for refund as per college policy.

Reason of Drop Out:

_____ Date _____

Cheque in favor of _____

Student Name & Signature _____

Parent / Guardian Name & Signature _____

Address: _____

Residence No: _____

Mobile No: _____

Note: If approved refund will be as per PMC refund policy.

For official use

Approved

Not Approved

Particulars:

Fee Deposited

Total Fee: _____

Hostel Fee: _____

Recommended By: _____

Advisor Student Affairs

Approved By: _____

Dean / Principal, SCM

Date _____

Fee Refund	
Fee Detail	Amount
Annual Tution Fee	
Admission Fee	
Extra Curricular Fee	
Library Support Fee	
Security	
University Registration / Affiliation Fee	
Medical Check up / Immunization Fee	
Hostel Fee	
Total Refund	

For Accounts office

Refund Amount approved: _____

Approved by: _____

Treasurer, STMU

Verified By: _____

Date _____