Pulse Global Services

Cancellation / Refund Application Form

Form No:

Date: ____/____/_____

Name of the Candidate: _____

Name of the Parent/Guardian: _____

College & Location: _____

(Preference as per Registration Form)

Reason for Cancellation/Refund: _____

Contact No:

Correspondence Address: _____

_____

_____

Name of the Counselor: _____

Registration Form No & Date: _____

MOU No & Date: _____

Signature of Candidate/Parent

Place & Date:

To be filled only by Pulse Global Services

Payment Refund Details :

Sr.No	Receipt No	Cheque No	Cheque Date	Bank Name & Branch	Amount
1					
2					
3					
4					
5					

Documents Handed Over Checklist:

Original Registration Form : Yes/No Original MOU: Yes/No

Original Receipts: Yes/No

Signature of Counselor

Place & Date:

Signature of Admission Head

Place & Date: