

To
The Director,
Directorate of Higher Education
1st Floor, (Shiksha Bhavan)
Office Lane, Agartala, Tripura (W)

Subject: Prayer for cancellation my allotted college seat.

Sir,

With due respect, I _____
S/O, D/O _____ I am allotted in
_____ college _____ course.
My application ID No. is _____ and
want to cancel my admission.

I would request you to kindly grant my application and do the
necessary.

Thanks & regards.

Mobile