FORM FOR REFUND OF FEES AFTER WITHDRAWAL OF ADMISSION (2016-17) FROM THE COLLEGE

FORM NO.		Date	
Name of the student			
Father's Name	Mothe	r's name	
CourseApplication Reference No			
Address			
Mobile Number & Phone			
Bank Accoun	t details of fathe	r/mother/candidate	
Name of the beneficiary (attach I	D proof)		
Bank Name & Address			
Bank Account no	IFSC CO	IFSC CODE	
MICR CODE	email ID		
Note: Attach copy of the following: 1. Copy of bank pass book or ch 2. Copy of cancellation slip	eque leaf		
Fees will be refunded by Electronic m	node only		
Signature of candidate			
Name of father/mother			
Signature of father/mother	· · · · · · · · · · · · · · · · · · ·		7
For office use:	· · · · · · · · · · · · · · · · · · ·		9
Fee paid vide Receipt No		Passed for payment Rs	-
DatedAmoun	t		
Dealing Assistant S.O(A/cs)	Bursar	Principal