Refund Request Form

Date*:
1: Applicant Details
 Name: Application no: Name of the programme: Reason for withdrawal:
2: Payment Details
☐ Caution Deposit: ☐ Semester Fee: ☐ Total Amount paid:
*Please attach the original receipt of fees paid.
3: Bank Details (to which the amount should be transferred): • Name of the payee:
• Name of the bank:
• Account no:
• IFSC Code:
Signature of Student ***********************************
For office purpose only
Amount to be refunded:
Signature of the Registrar

*The date considered will be the date of the email request from the student/receipt of the request at the Accounts Department. The applicable amount will be refunded within two to four weeks from the date of request for withdrawal of admission.