**APPLICATION FOR REFUND OF AMOUNT**

|  |  |  |  |
| --- | --- | --- | --- |
| 1) | Name of the Student | : |  |
| 2) | Registration No. | : |  |
| 3) | Reason for refund of amount | : |  |
| 4) | Amount to be refunded | : |  |
| 5) | Saving Bank A/c.No. | : |  |
| 6) | Name of the SB A/c holder | : |  |
| 7) | Name of the Bank & Branch | : |  |
| 8) | IFSC code | : |  |

**Signature of the Applicant**

**Ward counselor / Year Co-ordinator / Prof.(Edn.) / DEAN i/c**

Encl. 1) Bank Challan copy

2) Bank pass book first page

**ACKNOWLEDGEMENT**

Received a sum of Rs. …………………………………… (Rupees ……………………………………………… ………………………………………..………………………………………………………………………..………………………………) from O/o. the Dean, PAJANCOA&RI, Karaikal.

**Signature of the Student**

- Attested -

**Professor (Education)**

**DEAN i/c**

**SUPERINTENDENT**