

UNIVERSITY OF DELHI
APPLICATION FOR REFUND OF FEES

NOTE: Strike out which is not applicable.

Name of the applicant _____

Amount for which refund is claimed _____

University Receipt No. & Date _____

Reason for refund _____

Course _____

Class Roll no. _____

Date of Admission _____

Last Date of Admission _____

Date of starting the classes _____

Date of leaving the institution _____

Date of applying for refund of fees _____

Candidate's Bank Account Details:

A/c Holder's Name _____

Account Number _____

Name of Bank _____

IFSC Code _____

Bank Branch Address _____

Residence Address of the Candidate with Contact number

Signature of the applicant

(To be filled by the Finance Branch)
Passing amount of refund of fees from
Account wise details given below:-

GF A/c	Rs. _____
UDF A/c	Rs. _____
ARGF A/c	Rs. _____
Total Amount	Rs. _____

Office Note: I Certified that nothing is due from Shri/Ms/ _____

2 The applicant has been a student of this Department/ Institution/Faculty studying in _____ and passed the _____ examination in _____

3 Date of Expiry of membership of Library is _____

4 The reason stated in the above column has been verified and found correct and it is recommended that the refund be made to him/her.

**Head of the Department
(with seal)**

FOR OFFICE USE ONLY

Passed for Rs. _____ (Rs. in words _____)

**Assistant
Date**

**Section Officer
(Finance VII)**

- Note:
- 1 Incomplete application shall be rejected without any intimation.
 - 2 Application of refund of fees will be considered with original fees receipt/online fees receipt and admission cancelled acknowledgement.
 - 3 Enclose copy of Bank Passbook front page or cancelled cheque of only candidate for payment of refund amount.
 - 4 Fees bifurcation by the College/Department.