(Undertaking form for Reimbursement of Excess Fees)

Applied Refund Amount		Online Request Application ID No	
To			
The	HD		
Acco	ounts Department,		
Love	ly Professional University, Ph	nagwara.	
I,		(Parents/Guardian) of	(name of
the student) having registration nu		mber under	take that my ward has paid
exces	s fee due to reason below:-		
(A) Lo	an Case*:-		
1.	Name of Bank		
2.	Contact No of bank		
3.	Branch address		
4.	Amount Received From Bar	nk	
	(*Loan account holder shou	ıld be personally liable for any dispu	ute with bank)
(B) Sc	holarship from State Govt:-		
1.	Name of State Govt		
2.	Contact no of department		
3.	Address of department		
4.	Amount received from Govt		
(C) A	ny other Reason (Specify rea	son for deposit excess fee)	
Here I	undertake that:-		
or	by Fax (Fax no is 01824-500	•	
(c) If I	Message of receiving underta	II rights to reject student refund application is not received to student eccived undertaking form of student.	s then it is assumed that
I requ	est you to reimburse the exce	ss fee to my ward & prepare chequ	e in the name of my ward.
Regar	ds,		
Signature of the Parent/Guardian		Relationship with Studen	t Signing Date
Parent's Mobile No		Student's Mobile No.	Parent's Email ID