

Tuition Fee Refund Form

This form is designed for specific student refund requests and does not guarantee a refund. Please fill your details in the below form, along with your details and signature in the undertaking and affidavit given below and attach a scanned copy of a cancelled cheque with this form.

A) PERSONAL PARTICULARS

Student Name in Full*: SRIHARSHA SANTHAPUR Applicant ID*: _____
Name of Programme*: DEVOPS ENGINEER BOOTCAMP Date of Birth: 12-June-1987
Start Date of Programme*: APRIL 15TH, 2023 Telephone no*: 9986347733
Email address: Sriharsha.dsp@gmail.com Name of University*: _____

B) DETAILED REASON(S) FOR REFUND REQUEST *

Course has been changed. Course Platform is also changed.
Course Fees for new platform is also changed.

C) REFUND DETAILS

Total Amount Paid by Student*: Rs. 103900
Loan Details (if any loan taken, appropriate refund will be provided to the loan provider) Loan Amount: Rs. _____
Loan Provider Name: _____
Bank Details for Refund to the Student:
Name and Address of bank*: ICICI Bank
Account No*: 000801595332 IFSC Code*: ICIC0000008
Account Holder Name*: Sriharsha Santhapur
If account holder name is different from the Student's full name then please provide the student's relationship with the account holder and reason for the difference: _____

* Mandatory Field

** I note that all bank charges will be borne by the beneficiary.

I wish to apply herewith for the refundable portion of the paid tuition fee. I confirm herewith that the information given in this document is true and correct. The refundable portion will settle all past and present claims that I have against the University/Institution or upGrad including the loan closure. Furthermore, I waive all rights to any and all actions and claims, whether civil or criminal, in law or at equity, against the University/Institution or upGrad and declare that the University/Institution and upGrad do not owe me any amounts hereafter, under any cause of action, suit, contract, controversy, agreements, promises, claims, demands or otherwise. I shall maintain the terms of this refund and related communication confidential and shall not disclose the same to any third party. I also confirm that I have read and I am aware of the refund/cancellation policy.

Signature

S. Sriharsha

Date

21/6/2023

FOR OFFICIAL USE ONLY

First date of notice of withdrawal: _____	Processed by: _____
Amount refundable: _____	Academic Services Department
Comment: _____	Approved by: _____
	Director