



Cluster University Srinagar

Gogji-Bagh, Srinagar, 190008

Fee Refund Form

1. Name of the Applicant (in Block Letters): _____
2. Parentage (in Block Letters): _____
3. Address: _____
4. Registration No.: _____ Semester: _____
5. Amount of fee Deposited: _____ Adjusted Amount: _____
6. Reason for refund of fee: _____

7. Fee Type a. Admission Fee ☐ b. Examination Fee ☐ c. Registration Fee ☐
d. Excess Fee ☐ e. Double Payment ☐ f. Reevaluation Fee ☐ g. Other _____

8. Contact Details: Cell No. 1 _____ 2 _____

9. Bank Details:

a. Bank Account No (16 Digit) _____

b. Name of the Account Holder: _____
(Should be same as Applicant name)

c. Branch: _____ d. IFSC Code _____

I solemnly declare that the information furnished above is true and correct to the best of my knowledge and shall abide by the decision of the competent authority.

Full signature of Applicant

With date _____

(Enclosures) Application form (duly filled by the candidate) 2. Photocopy of Bank Passbook. 3. copy of receipt/s.

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[For Admission Cancellation Only]

(To be filled by the college)

It is certified that the admission of the candidate has been cancelled on _____ under information to the Admission Section of University and the fee amounting to Rs _____ in favour of

Mr/Ms _____ may be kindly considered for refund as per Refund Policy of the University.

Principal

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Acknowledgement

Received from: _____

Registration No. _____ Semester _____ Dated _____

Important: Application form received from above candidate. If found incomplete/erroneous information on scrutiny later, is liable to be rejected without any notice.

Dealing Assistant