



Cluster University Srinagar

Gogji-Bagh, Srinagar, 190008

Job Refund Form Fee

1. Name of the Applicant (in Block Letters): _____.
2. Parentage (in Block Letters): _____.
3. Address: _____.
4. Form No(s)/ ReceiptNo(s): _____.
(should be separated by commas)
5. Post/s Applied: _____.
(should be separated by commas)
6. Amount of fee Deposited: _____ Draft No(s) _____
Date of Draft(s): _____.
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

Requisite Documents:

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

Application form along with requisite documents can be mailed in single pdf file with the proper e-mail subject (post applied Advertisement No. & Date) at jobsrefund@cusrinagar.edu.in by or before last date mentioned in the notification.

Acknowledgement (for offline forms)

Received from: _____.

Registration No. _____ Semester _____ Dated _____.

Dealing Assistant

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