

ASSAM UNIVERSITY SILCHAR – 788 011 Application for Refund of Fees

1. Name of the Student/Scholar with full address	
2. Name of Father	
3. Name of Mother	<u>:</u>
4. Course of Study with session	
5. Name of the Department	<u> </u>
6. Application Number	
7. Reason for seeking refund (fill up the item which	never is required)
a. For Cancellation/Withdrawal of admission	
i. Date of admission	
ii. Date of withdrawal of admission :	
iii. Last date of admission :	
b. For Double payment	
Date of 1st Payment with details	Date of 2 nd Payment with details
Date :	Date:
Time :	Time :
Mode of payment:	Mode of payment:
c. For Re-admission to other Department	
Name and Date of admission to 1st Department	Name and Date of admission in new Department
Name of the course :	Name of the Course :
Name of the dept :	Name of the dept :
Date of admission :	Date of admission :

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8. Amor	unt claimed being refund of fees	in Rs.	
9. Bank	Details of student	*	
i,	Name of the Bank		
ii.	Account Number		
iii.	IFSC Code		
10. Cont	act Number (WhatsApp)		1
11. e-ma	il ID		1
The informat	ion furnished above are true to	the best of my kno	wledge and belief. Therefore an amount of
Rs	may kind	lly be refunded.	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Signature of the Claimant
			Date
The informat	tion furnished have been verified	l and forwarded fo	r consideration and necessary action

Remarks of System Analyst for (Official Use):

Date :_

Documents required to be enclosed:

- 1. Photocopy of 1st page of bank passbook of the student displaying the name of the student
- 2. Copy of Adhar card of the student.
- 3. In case of double payment enclosed copies of two payment details with date.
- 4. In case of seeking admission to another department enclose both admission fee receipts of the concerned departments.

Signature of the HoD with seal

5. In case of cancellation of admission enclose cancellation slip and admission fee receipt.

N. B. Above all documents are essential for processing the application.