

UNIVERSITY OF DELHI
APPLICATION FOR REFUND OF FEES

Note The bill must be pre-receipted.

Name of the Applicant _____

Amount for which refund is claimed _____

University Receipt Number & Date _____ *Printout attached

Reason for refund _____

Course _____ Batch Year _____

Candidate's Bank Account Details

Account Holder's Name _____

Account Number _____

Bank Name _____

IFSC Code _____

Bank Branch Address _____

Residence Address of the Applicant with Mobile number

To be filled by the Finance Branch	
Passing amount of refund of fees from Account wise details given below:	
MG-I Account	Rs _____
UDF Account	Rs _____
ARGF Account	Rs _____
Total Amount	Rs _____
Finance Branch	

Signature of the Applicant

Office Note The reason stated in the above column has been verified and found correct and it is recommended that the refund be made to him/her.

Finance Branch

FOR OFFICE USE ONLY

Passed for Rs. _____ (Rs. In words _____)

Assistant

Section Officer

Date

Finance VII

Note 1 Incomplete/Incorrect application shall be rejected without any intimation.

2 Application for refund of fees will be considered with original fee receipt/online fee receipt.