

ANNEXURE - XVI

(See Clause 12.4.2)

FORM FOR FEE REFUND

Name		
Application No		
Permanent Address		
Address for Communication		
Contact Phone no.		
College & Course allotted		
Fee Paid		Fee Receipt No:
Name of Bank and Branch		
Account Number		
IFSC		
Reason for cancellation		

Signature of candidate

Name & Signature of parent

Enclosures:

- Allotment Memo
- Fee Receipt