APPLICATION FOR REFUND OF LIBRARY DEPOSIT

1. Name of applicant (BLOCK LETTER)-----------------------------------------------
2. Address of Applicant (BLOCK LETTER)---------------------------------------------
   -----------------------------------------------Pin Code------------------
3. University Fees Receipt no. & Date          Receipt No--Date-----------------
4. Amount for which refund is claimed         Rs-----------------------------
5. Reason for claiming refund                  -------------------------------------

Dated……………………

Pre-receipted

Affix Revenue Stamp

Full Signature of the Applicant

Nothing is due from him/her

Library-In charge

Recommended

Head of the department

(For use in finance Branch)

Passed for Rs---------------------------------------------Budget Head
Suspense & deposits
Deposits
Library Deposits

Asstt. Registrar (A/C)

Pay the above amount

Cheque No------------------Date---------------------------------------------

Deputy finance officer