



DR. BHIM RAO AMBEDKAR COLLEGE
(University of Delhi)



APPLICATION FOR REFUND OF FEES AND DEPOSIT

1. Name of the Student
2. Father's Name Mobile No.
3. Class Roll No. Year of Admission
4. Amount Claimed Reason of Claim of refund
5. Present Address

Date

Signature of the Applicant

Library	In Charge	Dealing	Sports	Geog.	Psy.	Computer	SW/BE/	Cashier
	N.S.S./	Asst.	D.P.E.	Lab	Lab	Lab	HJ	
	N.C.C.	(Admn.)				I/II/III/IV	Dept	
	Office							

Particulars of Bank Account (Please Attach a Cancel Cheque)

1. Bank Name : Bank Telephone No.....
 2. Branch Address :
 3. MICR (9 Digit Number) :
 4. IFSC Code of Bank :
 5. Bank A/c Number : Bank A/c type (Saving/Current) :
- Passed for refund of Rs as on Security & entered in Security Register on page No.

Dealing Assistance

S.O. (Accounts)

Bursar

Principal

Received a sum of Rs

(Rupees))

Date

Signature of the Applicant