

Central University of Jammu

8/8, Trikuta Nagar, Jammu

Subject: Refund of admission fee/submit amount by students

I request that admission fee may be refunded to me since I have cancelled my admission. My particulars are as under:

1. Name _____
2. Admission taken in the Department of _____
3. Programme of Study _____
4. Academic Session _____
5. Reasons for Cancellation _____
6. Amount of Refund _____
7. Postal address for communication _____
8. Copy of fee received enclosed _____ Yes/No

Yours faithfully

Signature of applicant

Date:

1. **Recommendation of the Head:** For office use of the department: The student has been allowed to cancel his/her admission. The seat vacated by the student has been/not been filled from the waiting list. Admission fee may be refunded after deducting Rs. 1000/- and nothing is due.

Signature with date

2. **Dean of Students:** The student had not taken any hostel accommodation nor Identity Card has been issued and nothing is due against him/her.

Signature with date

3. **I/C Librarian:** The student has not taken any book and nothing is due.

Signature with date



Central University of Jammu

University Campus, Bagla (Samba)
(Application form for refund of library/Hostel security)

Dated:-

The HoD

Department of
Central University of Jammu

Sir

I have passed my course /left the university and it is requested that my library /Hostel security may be released by transfer credit to my S/B Acc. No as per detail given below:-

Subject : - Bank Account Details

Name of Account Holder																	
Bank Name																	
Complete Address of Bank																	
IFSC Code (must be 11 digits)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Bank Account Number (Must be 16 Digit) (As detailed on bank statement)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
E-mail address /Contact No																	

Name of Student /Scholar with Roll No. _____

Concerned Department : _____

Academic Year : _____

No: _____

Date: _____

It is certified that there are no dues/fines or other claims against him /her and his library /Hostel security may be released.

Signature of HoD

Signature of DSW

Signature of I/c Librarian