



UNIVERSITY OF CALICUT
APPLICATION FORM FOR REFUND OF FEE

| | | | | |
|----|--|-----------|------|--------|
| 1 | Name, Address for communication | | | |
| 2 | Email ID and Phone Number | | | |
| 3 | Register Number | | | |
| 4 | Course/ Duration | | | |
| 5 | Regular/ S.D.E | | | |
| 6 | Chalan Details(Chalan No:, Date, Amount) | Chalan No | Date | Amount |
| | | | | |
| 7 | Purpose for which chalan was remitted | | | |
| 8 | Reason for refund | | | |
| 9 | Amount of refund claimed(Whole/ Partial) | | | |
| 10 | Account Details (A/c No: , IFSC) | | | |

Place :

Date :

Signature of the applicant

Note: Chalan must be attached with the application form.