

NON-COLLEGIATE WOMEN'S EDUCATION BOARD

UNIVERSITY OF DELHI

APPLICATION FOR REFUND OF FEES/ LIBRARY SECURITY

Note :- (1) The Bill must be pre-receipted
(2) Strike out which is not applicable

Name of the Applicant (1)	Amount for which refund is claimed (2)	University Receipt No. & Date (3)	Reason for Refund (4)
Name (Block Letters)	Rs.		
Father's Name	In Words	Date of Admission	
Enrolment No.	Rupees		
Course		
Teaching Centre		Received Payment
Year of Admission		
Date of Leaving Institution		
Address			
PIN CODE <input type="text"/>			Applicant's Signature

- Office Note :-
- (a) Certified that nothing is due from Miss/Mrs.
 - (b) The applicants has been a student of this Teaching Centre and studying in B.A./B.com (Pass) and **MA/M**
Passed the Examination in
 - (c) Date of expiry of membership of Library is
 - (d) The reasons stated in column 4 above have been verified and found correct. Recommended
that the refund be made to her.
 - (e) Rsmay be verified

Asstt./ Deputy Registrar/Director
Non-Collegiate Women's Education Board

Teacher- In charge of Teaching Centre
University of Delhi

(FOR OFFICE USE ONLY)

Debit Account :

Passed for Rs..... (Rupees.....only)

Debit Head :

Page No.

Sr. No.

Assistant

Section Officer (Fin XIV/VI)

Date

Date

Student's Receipt to be enclosed.

FINANCE-XIV
ELECTRONIC CLEARING SERVICE

Student Bank Account Form

1. Name of Account Holder : _____

2. Account No. :

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3. Name of Bank : _____

4. Branch Name & Address : _____

5. IFSC Code :

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Signature of the applicant

(Kindly enclosed photocopy of first page of passbook with IFSC Code/Cancelled Cheque)