

Send the duly filled and scanned copy of the form through email only: refunds.sggs26@gmail.com

Sri Guru Gobind Singh College, Sector-26, Chandigarh

Session: 2020-21

Request for Withdrawal & Refund of Fees

Name of Student _____

Father's Name _____

Address _____

Class _____ Roll No. _____ Admission/ Enrollment No. _____ Session _____

Fee Receipt No. _____ Date _____ Amount Deposited _____

Reason of Refund _____

Due to aforesaid reason, I intend to withdraw the admission. It is humbly requested to refund the fees deposited by me. Original Fee Receipt is surrendered herewith.

MANDATORY DIRECT TRANSFER REQUEST FORM FOR REFUND

1.	Name of Beneficiary:	
2.	Bank Name:	
3.	Bank Address:	
4.	Bank Account Number:	
5.	Bank IFSC Code:	
6.	Email ID:	
7.	Mobile Number	

Date: ___/___/2020

Signature of Applicant

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Verification / Recommendation (Strike out whichever is not applicable)

Fee Section

1. Fee has been deposited.
2. Entry has been made in Demand & Collection Register.
3. Monthly Fees =
4. Annual Fee =

HOD / Convener

1. Withdrawal from admission may be accepted.
2. Seat has been filled/ not filled.
3. The Student has not attended the classes.
4. The Student attended the classes for _____ Months /days.
5. Fee cannot be refunded/ Fee may be refunded.

Date: _____ Signature of Clerk

Date: _____ Signature of HOD/ Convener

Recommendations of Examination Branch

His/her name has been struck off from the record, may be allowed to withdraw the Admission.

Withdrawal from admission is allowed.

Refund of Fees is disapproved/ approved.

Date: _____ I/C Examination Branch

Principal

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