



DIRECTORATE OF EVALUATION
GANDHI INSTITUTE OF TECHNOLOGY AND MANAGEMENT (GITAM)

(Declared as deemed-to-be-University)

VISA KHAPATNAM-530 045, (A.P)

Application for Refund

1.	Name of the Candidate (<i>in capital letters</i>)	
2.	Academic Details	Reg. No: Program: Branch: Dept.: Institute: Campus:
3.	Total Fee paid	Rs. Purpose :
4.	Extra amount paid & Reason	Rs. Reason :
5.	Transaction Details (<i>Enclose the receipt</i>)	Rs. Date:: Transaction ID:
6.	Account details of Student/Parent for refund (<i>Enclose a copy of Bank Passbook page with account details</i>)	Name of the Account Holder : A/c No : Name of the Branch : IFSC Code : Name of the Bank :
7.	Address & Contact Details	Mobile: Land line: E-Mail ID:

I agree to abide by the rules and regulations of the University.

Place :

Date :

Signature of the Candidate

Signature of the HoD

Principal/Director/Dean

(For Office Use)

The claim preferred has been verified and is found in order. The request may be passed for Rs. _____ (Rupees _____ only).

Jr.Asst

Supdt.

A.R.

COE

DOE