DIRECTORATE OF EVALUATION

GANDHI INSTIUTE OF TECHNOLOGY AND MANAGEMENT (GITAM)

(Declared as deemed-to-be-University)

VISAKHAPATNAM-530 045, (A.P)

Application for Refund

(***Examinations/Certificates related payments only***)

1.	Name of the Candidate (In capital letters)	
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 (***Enclose the receipt***)	Rs. Date:: Transaction ID:
6.	Account details for refund	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 forRs._____(Rupees_____only).

Jr.Asst   Supdt.   A.R.   COE   DOE