

NIELIT CALICUT

CDS/CA/7.5.1/F07/R3

REFUND FORM

1.	Name of the Student						
2.	Registration No.						
3.	Address for communication						
	Communicat	.1011					
	Telephone		Е	mail ID	Pi	Pin Code	
4.	Course Code		De	escription	Star	Starting Date	
5.	Amount Paid in Rs. Ps		DD/Chequ	ie Details	Dated	Remarks	
a)							
b)							
6.	Reasons for Refund		Cancellation / Postponement / Others (Specify)				
7.	Payment Mode		Cash/DD/Cheque/Adjustment/Others (Specify)				
8.	Payment to be made to whom		In favour of				
			Payable at				
9.	Mode of Delivery		Student in Person/By Course Coordinator / Couriers / Speed Post / Regd. Post/ Others (Specify)				
10.	Signature of the applicant						
	Date						
In view of the reasons explained above the amount mentioned above may be refunded to the student.							
Signa Date	ature of Course	e Coordinator		Signature of Training Coordinator Date			
Fee D	Details Verifie	d and found cor	rrect. Passed	for payment of	of Rs	·	
Officer (Finance) JD			(F&A)		AD (A&F)		
					Approved / N	Not Approved	
					Execu	tive Director	

Details of Refund Page 1/1