FORMAT FOR GETTING REFUND ONLINE PAYMENT

| NAME OF STUDENT | |
|---------------------------------|-----------|
| FATHER'S NAME | |
| BRANCH | |
| COLLEGE ROLL NO/ UNIV. ROLL NO. | |
| STUDENT MOBILE NUMBER | |
| TRANSACTION ID NUMBER | |
| PAYMENT ID NUMBER | |
| DATE OF TRANSACTION | |
| AMOUNT DEPOSITED | |
| BANK DETAILS | |
| SAVING BANK ACCOUNT NO. | |
| IFSC CODE | |
| NAME OF ACCOUNT HOLDER | |
| BANK NAME AND ADDRESS | |
| | |
| | SIGNATURE |
| ENCL: ORIGINAL PAYMENT SLIP | |

Submitted to Account Department