



NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI

OFFICE OF THE DEAN ACADEMIC

DOUBLE PAYMENT REFUND FORM

1	Permanent Roll No.			Date
2	Name of the student			
3	Course (B.Tech./B.Arch./M.Tech./M.Arch./ MCA/MBA/MSC/MA/M.S./Ph.D)			
4	Department			
5	Branch/Specialization			
6	Amount Paid Details	Amount	Transaction id / Receipt no	Payment Date
	1 st Payment			
	2 nd Payment			
7	Excess Amount Claim			
8	Double Payment paid for the Academic Year			
BANK DETAILS (Attach a photocopy of the 1 st page of the passbook that show the information sought in S1 09 to 12				
9	Name of Account Holder			
10	Bank Account No. (Preferably SBI A/c)			
11	Name of the Bank			
12	IFSC			
13	Student Mobile No and Email			

Enclosure: 1.Double Payments receipts 2. Bank Account no. proof

DECLARATION

I hereby declare that all the information given by me in support of my application are true, complete, and correct to the best of my knowledge.

(Students Signature)

Date:

For Office use only

Certified that the information furnished by the student is verified with the records and found correct.
The amount to be refunded – Rs. _____ (In words _____)

Updated in MIS(Fees) _____ date _____

Jr. Asst

Sr. Supdt.

Asst.Registrar(Acad)

Dean (Academic)