

## **FEE REFUND FORM**

\* This form must be completed and returned to the office by the student claiming fee refunds. Incomplete form will not be processed.

APPLICANT'S INFORMATION			
Name			
Father's Name			
Beneficiary Name/ Account Title			
Program	Contact No.		
Student tracking ID	Email ID		
Address			
REASON(S) FOR FEE REUND			
Admission Withdrawn by the Studer	nt		
Any Other Reason	_		
In the case of ADMISSION WITHDRAWN	please tick ONE of the helevy m	antioned category	
In the case of <u>ADMISSION WITHDRAWN</u> please tick ONE of the below-mentioned category.			Full for motional (Advisory
Withdrawing before the start of the semester or up to 7th day of commencen		nmencement of classes	Full fee refund (Admission fee is non-refundable)
<ul> <li>□ Withdrawing from 8th to 15th day of commencement of classes</li> <li>□ Withdrawing from 16th day of commencement of classes or later</li> </ul>			50% fee refund
			(Admission fee is non-
			refundable) Security Deposit only
Commencement of classes(to be filled by ITU	J Office)	_	
	UNDERTAKING		
We know and understand the refund rule be made after processing the application Admission form. We agree to the condition complete and correct.	and a cheque will be issued in f	avor of the Parent/Guar	dian mentioned in the
Student's Signature		Date of Application Submission	
Parent/Guardian's Signature			
Compulsory Encl:  Copy of the following documents is to be a paid Fee Challan at ITU, Pur CNIC/Form-B (Father/Guard	njab.	ion would not be process	ed.
	OFFICE USE ONLY		
Remarks (if any):			