

KUVEMPU  **UNIVERSITY**

**Examination Branch
Refund Bill**

Sl. No.	Name and Address of the Depositor/Student	Particulars Of Amount Deposited/ Remitted with (Receipt No/ Transaction - ID with Date)	Amount to be refunded (Rs)	Remarks (If any)

Details of the Student/Bank Information			Register No	Course (B.A/B.Com/B.Sc., Etc.,)	Name of the College/Centre
Name	:				
A/C No.	:				
IFSC Code	:				
Bank Name	:				
Branch	:				
Mobile No.	:				

01. I certify that The amount claimed in this bill has not been claimed in any of the previous bill.
02. The above online transaction was done by me/by Mr/Mrs_____on behalf of me

Signature of the Student

Registrar (Evaluation)