

UNIVERSITY OF DELHI SOUTH CAMPUS LIBRARY
APPLICATION FOR REFUND OF LIBRARY SECURITY

Membership No. (Old) _____
(New) _____

Note: 1. Strike out which is not applicable.

Name of the applicant	Amount for which refund is claimed	University receipt No. & date	Reason for refund
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Name: _____

Father's Name: _____

₹: _____ ₹ (in words): _____

Course: _____ Class Roll No.: _____

Year of Admission: _____ Leaving Year of Institution: _____

Postal Address: _____

Mobile No.: _____

Applicant's Sign.

Office Note: 1. Certified that nothing is due from Shri/Miss/Mrs.....
2. The applicant has been a student of this Deptt./Institution/studying inand passed the examination in.....
2. Date of expiry of membership of Library is
3. The reasons stated in column 4 have been verified and found correct recommend that the refund be paid to him/her.

(SEAL)
Assistant Registrar
South Campus
University of Delhi

FOR OFFICE USE ONLY

DEBIT ACCOUNT

Passed for ₹..... (Rupees (in words) _____ only)

Assistant

Section Officer (A/C)

Page No.: _____

Dated:

Sr. No.....

FINANCE-XIV

ELECTRONIC CLEARING SERVICE

Student Bank Account Form

1. Name of Account Holder : _____

2. Account No. :

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3. Name of Bank : _____

4. Branch Name & Address : _____

5. IFSC Code :

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Signature of the applicant

(Kindly enclosed photocopy of first page of passbook with IFSC Code/Cancelled Cheque)