Centre For Computers And Communication Technology

Autonomous Government Polytechnic, Chisopani, South Sikkim

Application Form for Student Fee Refund for 2017-18 Financial Year

Student Name*:	Roll No*:			
Sikkim COI Holder*: YES	/ NO ((if Yes enclose attested copy (stu	dent or father only))	
Course*: DCST / DEEE /	DECE / DCIE	Year of Admission*:	Completion*:	
Father/Mother Name*:			·	
Address:				
Working Current Mobile No*: Student:		Parents/	Parents/guardian*:	
Claim of Fee Paid By Us During	g F/Y 2017-18*: Rs:		(enclose copy of receipt if any)	
In words *:				
Rank Details for digital transfe	r *· Account Numh	er*·		
			IFSC Code *:	
will not be responsible for any	wrong transaction	n arising out of wrong information	supporting documents provided. Institut on provided by me and I will not be liab or RTGS/NEFT directly to bank only.	
Sign Student*		Parent/ Guardiar	Parent/ Guardian*	
Name:		Name*:	Name*:	
Date*: Place * Compulsory		Relation with stu form will not be processed until		
(For Official Use only) Received on:		Ву:	To include in Phase:	
NDC (for completed/left stude	ents)*: YES / No I	Parents sign compared: Match /	No By:	
Total Academic Fee paid as pe	er record: Rs		Or	
Total Academic Fee Reimburs Less Deduction (If Any) - 1. Examination Fee	ed By Scholarship (: Rs	Social Welfare Deptt.) Rs		
2. Stationery Fees	Rs			
3. Hostel & Mess Fees	Rs			
4. Other Fees`	Rs			
5. Total Deduction	Rs			
Total Fee For Refund	Rs			
Date:	Compiled By	Verified	By Manager Finance:	
Approval and Comments:				
			Release Phase:	
Vice Principal:	_	F	Principal:	
DTCC/NEET done on:	Dof.		Dv.	