

Form No. ACS 105

THE UNIVERSITY OF AZAD JAMMU AND KASHMIR

Form of application for Refund of Fees (FOR PRIVATE CANDIDATES ONLY)

The Director Finance and Planning University of Azad Jammu and Kashmir Muzaffarahad

	Muzaf	ffarabad.			
Sir,					
	I have	e the honour to request you kindly to refund the	sum of Rs paid by		
me to		iversity on account of:-			
	.1.	Examination Fee Rs.			
	2.	Registration Fee Rs.			
	3.	Excess Fee Rs.			
	4.	Any other Fee Rs.			
		()			
	(Note:	e: Please tick mention nature of Fees claimed).			
		PARTICULARS	3		
	1.	Name	Father's Name		
	2.	Name of Examination			
	3.	Roll No			
	4.	Institution/ District from which applied appeared			
	5.	Subject taken up			
	6.	Amount of Fee paid Rs			
	7.	Bank Challan/M.O. Receipt No. Date (No application will be entertained unless fee receipt No. is mentioned).			
	8.	Amount claimed as Refund			
	9.	Reason for claiming Refund and Reference Letter No.			
			Yours Obediently,		
			(Signature of the applicant)		
Dated	1				
			Full Address		
		RULES			

Refund of Fee shall be allowed:

- When a candidate is found to be ineligible to appear in the examination concerned in accordance with University Regulations. (Original letter must invariably accompany the Refund Form).
- When a candidate dies before the commencement of the examination. (Death and Legal heir Certificate duly attested by a 1 class Magistrate must be attached).
- iii. If the amount paid is in excess of the prescribed Fee.
- iv. Admission Fee shall be refunded after the result of the examination has been declared. Provided that in case of privatefale college candidate a Deduction of 22.5% shall be made if the admission form is not submitted/received or if refund is allowed under Clause (i) above.
- A claim for refund of fee shall be entertained only if it is made within one year from the date of commencement of the examination.
 Fee which are refundable under the Rules are not adjustable towards any past or future account.

REMARKS BY T	THE EXAMINATIONS BRAN	CH SECTION	
Name of the Candidate	<i>)</i>	. Roll No.	
Name of the Examinations		Year and Session	
Institution/District			
Report/Reason regarding Refund			
F	ee, if received, may be refunded		
Signature of Signature of Dealing/ Refund Clerk Asstt: Incharge		Asstt. Controller (Examinations)	
REMA	RKS BY THE ACCOUNTS/BRA	NCH	
A sum of Rs			
Signature of Accountant Signature of Income Compiler (Accounts Branch)			
	PAY ORDER		
	es (
Budget Head			
Account/Audit Officer	Auditor	Accountant	
	Date		
		it.	
Checked by			

Asstt: Director/Director Finance and Planning