



Srimanta Sankaradeva University of Health Sciences

(A State University of the Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam

Phone: 06026177313 (O), e-mail: ssuhs_assam@yahoo.in, Website: www.ssuhs.in

Application Form for Refund of Fees

Name of the student/applicant:.....

Father's Name:.....

Mother's Name:.....

D.O.B:.....

Mobile No (Whatsapp):.....

SSUHS Registration No:.....

Refund Amount:.....

Reason for Refund: (Give Details in Separate Papers if Reqd.).....

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E-Challan Numbers Against Which The Refund Is claimed:.....

Copy to be enclosed for Official Verification:

- 1) e-Challan Copy/Copies
- 2) Copy of Student Registration Certificate if any
- 3) Bank A/C Details of the student for refund (Copy of Bank A/C Passbook 1st Page)
(3rd Party's Bank A/C Will Not Be Accepted for Refund)
- 4) Any Other Documents in support of the refund claim.
- 5) Candidates are requested to pay their fees preferably from their own bank account
- 6) Any refund due to cancellation of candidature must apply through Head of College/Institute.

----- DECLARATION BY THE APPLICANT -----

I hereby declare that I have neither submitted any such refund application to SSUHS before nor raised any online chargeback claim for refund of the above fees. Later, in any point of time, if it is found that any refund/online chargeback is already claimed / received by me; SSUHS may take strict action upon me as per Rule.

Countersigned by
Principal/Head of the Institute

Signature
of the Student/Applicant

For Office Use Only.

Put up By

Checked By

Passed By

Recommended By

Dealing Asst.

Accountant/Cashier

FAO

Registrar