

TO,

The Controller of Examinations
Goa University,
Taleigao Plateau, Goa

Date:

Sub: Refund of Examination Fees

I submit the following details for the refund of Examination fees:

1. Name : _____
2. College : _____
3. Seat No. : _____
4. P.R. No : _____ **Exam: Nov-Dec 20__ / May-Jun20__**
(tick whichever is applicable)

5. Request for refund: Semester:
Details of Subjects and
Amount Branch :

Subject/s	Amount in Rs.
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____
5. _____	: _____
6. _____	: _____

Total Amount : Rs.

6. Reason for non-appearance in the above exam :
7. Month & Year of Examination : _____
8. Total Amount of Fees paid : _____
9. Receipt No(Original receipt enclosed) _____
10. Pre-receipt duly signed by me is enclosed : _____

(Signature of the Candidate with date)

(Principal)

(Note: original examination fee paid receipt with student signature along with pre-receipt to be enclosed with application)

RECEIPT

Received from the Registrar, Goa University the Amount

Rs..... towards the refund of

Examination fee at the

_____ Examin

ation held in the month of _____ 20__

*Affix
Revenue
Stamp*

Date: _____

Signature of the candidate

Name & Address:

Goa University
Taleigao Plateau, Goa

Ref No. GU/Exam/ / /2000/ Date :

To,

Sub: Receipt for the payment of Examination Fee

Sir,

With reference to your application for the refund of Examination fee you are requested to kindly sign the enclosed receipt for payment of Examination Fee at the _____ Examination held in the month of _____ 20__ and send it to the Controller of Examinations, Goa University, Taleigao Plateau, Goa-403206 to enable us to send your cheque

Thanking you,

Yours Faithfully

(Asstt. Registrar (Exam))