

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI OFFICE OF THE DEAN ACADEMIC

DOUBLE PAYMENT REFUND FORM

2 Name of the student 3 Course (B.Tech./B.Arch/M.Tech/M.Arch/M.Arch/M.Arch/M.S./Ph.D) 4 Department 5 Branch/Specialization 6 Amount Paid Details 1st Payment 2nd Payment 7 Excess Amount Claim 8 Double Payment paid for the Academic Year BANK DETAILS (Attach a photocopy of the 1st page of the passbook that show the information sought in Sl 09 to 12 9 Name of Account Holder 10 Bank Account No. (Preferably SBI A/c) 11 Name of the Bank 12 IFSC 13 Student Mobile No and Email Enclosure: I.Double Payments receipts 2. Bank Account no. proof DECLARATION I hereby declare that all the information given by me in support of my application are true, complete, and correct to the best of my knowledge. (Students Signa) Date:							
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