NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI
OFFICE OF THE DEAN ACADEMIC
DOUBLE PAYMENT REFUND FORM

1	Permanent Roll No.		Date
2	Name of the student		
3	Course (B.Tech./B.Arch./M.Tech./M.Arch./ MCA/MBA/MSC/MA/M.S./Ph.D)		
4	Department		
5	Branch/Specialization		

6	Amount Paid Details	Amount	Transaction id / Receipt no	Payment Date
	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: 1.**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 Signature**)

Date:

For Office use only

Certified that the information furnished by the student is verified with the records and found correct.
The amount to be refunded – Rs. _____(In words_____)

Jr. Asst   Sr. Supdt.   Asst.Registrar(Acad)   Dean (Academic)   **Registrar**