

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI OFFICE OF THE DEAN ACADEMIC

INSTITUTE/LIBRARY DEPOSIT REFUND FORM

(COURSE COMPLETION STUDENTS ONLY)

| 1 | 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 | Communication address with Pin code | | |
| 7 | Course completion Details | | |
| | Course Completion Month & Year | | |
| | No dues certificate copy attached | YES / NO | |
| BANK DETAILS (Attach a photocopy of the 1 st page of the passbook that show the information sought in Sl 09 to 12) | | | |
| 9 | Name of Account Holder | | 511 11 51 67 to 127 |
| 10 | Bank Account No. (Preferably SBI A/c) | | |
| 11 | Name of the Bank | | |
| 12 | IFSC | | |
| 13 | Student Mobile No and Email | | |

Enclosure: 1. No dues copy 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

Verified up to discontinuation all fees paid: _____

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