



THE UNIVERSITY OF MIRPURKHAS

MIRPURKHAS, SINDH PAKISTAN

Director of Admissions _____

Date _____

Fee Refund Application Form (For Student Use Only)

A. Personal Information

1. Name of Student _____	2. Father's Name _____
3. CNIC # _____ - _____ - _____	6. Roll # _____
7. Semester: _____	8. Program _____
4. Postal Address: _____	
9. Fee Deposited (Rs) _____	10. Deposit Date _____
11. Challan No # _____	12. Bank & Branch Name. _____
13. Contact # _____	14. Email (Optional) _____

B. Refund Claim Information

Please state the reason for refund (✓):

- (i) Ineligibility of student to apply in the particular program
- (ii) Admission in another institution
- (iii) Student does not wish to continue his/her study
- (iv) Any other reason(s): _____

C. Declaration

I hereby certify that all the information provided in this form is true and correct to the best of my knowledge. I understand that any false information may disqualify me from the refund and may lead to legal action.

Date: _____

Applicant's Signature: _____

(For Office Use Only)

Department: _____	
Comments: _____	
Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Refund Amount: _____	
Recommending Authority (With Stamp): _____	

General Instructions

1. The refund of fees will be processed as per the policy of the Higher Education Commission (HEC).