# OFFICE OF THE DIRECTOR ACADEMICS

## GOVT COLLEGE WOMEN UNIVERSITY

***Fee Refund Performa*** (in duplicate)

i. Name of Student: _____

ii. Father's Name: _____

iii. Degree: BS(H)/MA/MS/MPhil/Ph.D.

iv. Subject: _____

v. Reason for Fee Refund: _____

_____

_____

vi. Date of Fee Submission_____

vii. Date of Classes Start_____

viii. Date Applied for Fee Refund_____

ix. Verification by Chairperson: _____

x. Verification by Coordinator/Dean: _____

xi. Verification by Director Academics: _____

Signature of Student Signature of Father/Guardian

*The Fee refund will be as per HEC policy.

***For official use only***

Treasurer (Sign and Stamp)_____

**Director Academics**