

UNIVERSITY OF DELHI SOUTH CAMPUS LIBRARY
APPLICATION FOR REFUND OF LIBRARY SECURITY

Membership No. (Old) _____
(New) _____

Note: 1. Strike out which is not applicable

Name of the applicant	Amount for which refund is claimed	University receipt No. & date	Reason for refund
_____	Rs. 1000 —	_____	_____

Name _____

Father's Name _____

₹ _____ ₹ (in words) _____

Course _____ Class Roll No. _____

Year of Admission: _____ Leaving Year of Institution: _____

Postal Address _____

Mobile No.: _____ Applicant's Sign _____

- Office Note:
1. Certified that nothing is due from Shri/Miss/Mrs.
 2. The applicant has been a student of this Deptt./Institution/studying in and passed the examination in
 2. Date of expiry of membership of Library is: -
 3. The reasons stated in column 4 have been verified and found correct recommend that the refund be paid to him/her:

(for office use only)

(SEAL)

Assistant Registrar
South Campus
University of Delhi

FOR OFFICE USE ONLY

DEBIT ACCOUNT

Passed for ₹..... (Rupees (in words) _____ only)

Assistant _____ Section Officer (A/C) _____ Page No. _____

Dated: _____ Sr. No. _____

P.T.O