

Ref. No. :

Academic	Se	ssic	n:	20 _			_	
Date:								
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APPLICATION FORM FOR FEE REFUND

To, The Manager, Resonance Eduventures L CG Tower, A-46 & 52, IPIA	.imited ., Near City Mall, Jhalawar Road,	Kota			
Respected Sir/Madam, This is to bring to your kind	d notice that I am a student of RE	SONANCE having f	ollowing partic	ulars:	
Name:					
Father's Name:					
Roll No.:	E	Batch:			
Course Name:		Code:	Study Centre:		
Course Commencement D	Date:	Υ			
Due to the reasons under mentioned, I am unable to continue my studies at RESONANCE:					
(I) Faculty Problem (If Yes, then Subject) (II) Problem with medium		Yes	No	Per Office Use: Deposit Amount: Deduction: ARF:	
Hindi English		Yes Yes	No	I st Installment	
(III) Personal Reasons (If	Yes, then mention) Home Sickness Illness Lack of Self Confidence Selection in other Exam	Yes Yes Yes Yes Yes	No No No No	II nd Installment Refund Amount:	
(IV) If any other, then pleas	e specify,			·	
Hence, I request your good	self to kindly refund my Fee as pe	r the rules and regula	tions of the Inst	titute (as mentioned in the Reso Guide)	
		Signature of Pa Name: Contact No.:			
				a =	

Postal Address:	Enclosures Please Tick
	Original Receipt of Fee Deposition
	(Issued by Bank/ Institute)
	Identity Card (In Original)
	Coupon Booklets for Modules (3 No.)
wish to join the Distance Learning Programmes (DLP) (If Yes, then please fill the enclosed form)	of Resonance: Yes No
DEC	CLARATION
	ed with the refund I have received as per the norms of the Institute er for any refund or right of admission in the institute for rest of the
Signature of Student	Signature of Parent/ Guardian
Date of Submission://	Name :
Place :	Place:
Note : Kindly attach Original Fee Receipt & ID Card with this form.	
Educating for better tomorrow	ECTRONIC FUNDS TRANSFER (NEFT) MANDATE
Branch:	Date:
Beneficiary Details (Account Detail)	
Beneficiary Name (Account Holder Name)	
Beneficiary Bank Name	
IFSC Code	
Beneficiary Account Number	
Beneficiary Branch Address	
Deficitionly Dialicit Address	
Enclosed one cancelled cheque Beneficiary Name - Parents/ Guardian only	
/we hereby authorize Resonance Eduventures Limited he due amount of refund.	d to credit my bank account, as per details furnished herein above
	(Signature of Parents)
×	%
ACKNOWLE	Ref. No.:
Resonance® ACKNOWLE	EDGEMENT RECEIPT
Ve acknowledge the receipt of Mr./Miss	Roll No :
	ourse Code : Study Centre
	Refund Amount (Rs.)
Note: 1. The Application for Refund of Fee will be accepted only when any 2. We issue the Fee Refund in the form of A/c Payee Cheque & NEF made in the name of mother or in case if both are not alive then it s 3. The Cheque will be dispatched at the Permanent Postal Address of the dispatch of Cheque & NEFT will be made after completion Window. If the Cheque does not reach within 15 days from dispatch.	of the parents sign the application. FT only in favour of students father (In case is the Father is not alive then it shall b hall be made in the name of Real Guardian).
date of submission of application while making an enquiry.	
Date:/Place:	Authorized Signatory