APPLICATION FOR REFUND

To,
The Registrar
Krishna Kanta Handiqui State Open University
City Campus, NH 37, Resham Nagar
Khanapara, Guwahati (M)
Pin-781022

Reason of Refund Claim: **(Please put a tick mark √)**

a) Admission Cancellation ☐ b) Double Payment ☐

c) Any other ……___

Name: _____

PAN Card No: _____

Phone: _____ Email: _____

Application No /Enrollment No: _____

Centre Code: _____ Centre Name: _____

Course Name: _____ Semester: _____

Bank Name: _____ Bank Account No: _____

Account Holder's Name: _____

Branch Name: _____ IFSC Code: _____

Details of Transaction: (*If you have done multiple transactions, please mention transaction date, no, etc.)*

Sl. No	Transaction No	Transaction Date	Amount (Fees)	Remarks

(Signature of Learner with date)

For Study Centre Use	
SLM Issued to Learner	**Seal & Signature of Study Centre**
1. Yes 2. No	

Continued……

N.B.

1. **Percentage of Refund**

Category	Percentage of Refund of fees	Point of time when notice of withdrawal of admission is received in the HEI
(1)	**100%**	15 days or more **before** the formally notified last date of admission
(2)	**90%**	Less than 15 days **before** the formally notified last date of admission
(3)	**80%**	15 days or less **after** the formally notified last date of admission
(4)	**50%**	30 days or less, but more than 15 days **after** the formally notified last date of admission
(5)	**00%**	More than 30 days **after** the formally notified last date of admission

2. **All the above-mentioned fields must be filled in correctly. Incomplete or incorrectly filled applications shall not be accepted.**

3. **The filled-up application must be sent to - The Registrar, Krishna Kanta Handiqui State Open University, City Campus, NH-37, Resham Nagar, Khanapara, Guwahati (M), Pin-781022.**

For KKHSOU Office Use	
Admission Verification Status	**SLM Branch Clearance**