

**FORM FOR REFUND OF TUITION FEE DEPOSITED BEFORE ALLOCATION OF SEAT FOR THE
ACADEMIC SESSION 2020-21**

(To be submitted by the candidate to the Registrar, Atal Medical and Research University, HP at Nerchowk,
Distt. Mandi)

1. Name of Student : _____
2. Father's Name : _____
3. Course/Programme : _____
4. AMRU Application No. : _____
5. NEET-UG-2021 Roll No. : _____
6. Marks of NEET-UG-2021 : _____
7. AMRU State Merit Rank : _____
8. Have you allocated any of the Medical/Dental College/Nursing(Yes/No)_____
9. If Yes, name of allocated college : _____
10. Round of Online Counselling:_____
11. Date of online counseling round wherein the college was allocated : _____
12. Amount of tuition fee deposited:_____ Receipt No._____
- Date:_____ Payment Mode:_____ Other Details:_____
13. Bank Account No. of candidate only _____
14. IFSC Code No. _____ Name of Bank & Branch _____
15. Mobile No. _____ Email: _____
16. Any other information: _____
17. Reason for claiming refund (Attach Proof): _____

I hereby declare that I have not taken admission to MBBS/BDS course in any of the Medical/Dental College after allotment of seat. As such, the amount of tuition fee as deposited by me before allocation of seat may be refunded to me as per provisions of the prospectus.

(Signature of Parents/Guardian)

(Signature of Candidate)

Date: _____