**UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, LAHORE, PAKISTAN**

# APPLICATION FOR FEE REFUND

Name of Applicant: _____

Form No: _____ CNIC No: _____

Contact Number: _____

Email Address: _____

**Admission / Fee Refund Details:**

Current Admitted Center: _____

Program / Course: _____

Fee Paid Challan No: _____

Date of Fee Payment: _____

Total Fee Paid (PKR): _____

Amount Requested for Refund (PKR): _____

**Reason for Refund:**

_____

_____

**Bank Account Details (if applicable):**

Account Title: _____ Bank Name: _____

IBAN / Account No.: _____ Branch: _____

***Note:*** *Attach the original payment receipt with this form.*

**Declaration:**
I request a refund of the fee stated above and confirm that the information provided is correct. I understand that the refund is subject to the University's applicable rules and approval.

Date: _____

_____
**Signature of Applicant**