

ACCOUNT MANDATE FORM FOR REFUND OF FEE

Please fill the detail in Capital Letters only

NAME OF STUDENT	
FATHER'S NAME	
ENROLLMENT NO.	
BRANCH.	
Phone Number	
BANK DETAILS	
Name of Bank	
Branch Name	
Account Number	
Name of Account Holder	
Banker's IFSC Code	
Banker's MICR Code	

I hereby declare that the above information are true and the refund of fee (if asked for) be remitted to the above account only.

(Signature of Student)

Date:

(Signature of Parent /Guardian)

Date: