Refund Request Form – Excess Payment

Refund Request Form	Date of Application:
Student's Details	

Student Name:	
Lead / Reg. No:	
Program Name:	
Email ID:	
Contact No:	
Payment Details	
Date of Payment:	
Mode of Payment:	
Total Amount Paid:	
Payment done against:	
Case Description	
	Signature:

Student is requested to sign the advisory note & send the refund request form along with attached copy of cancelledcheque.

ADVISORY NOTE

Below are Guidelines for excess payment refund request:

- Verbal requests are not allowed.
- Mandatory to share the payment details (receipts)
- Excess amount will be refunded within 45 business working days.

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………………………………………….

Declaration/Undertaking

I have taken admission with MIT School of Distance Education, Pune to pursue course
_____ for the academic year_____. I have read and
completely understood the excess payment refund guidelines mentioned above and I promise to
abide with it. I am aware that any sort of non-abidance with these guidelines if occurs from my side,
institute is competent & legal to take appropriate disciplinary action.

Date:

Place: **Student Signature**

FOR OFFICE USE ONLY (To be filled by Institute)
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Prepared By   **Approved By**

Enrollment Executive   **Director**

Account Department Remarks: _____

Date: **Signature:**