

**DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT
CATERING AND NUTRITION SECTOR 42 -D, CHANDIGARH**

APPLICATION FORM

**FOR REFUND OF FEE FOR 6TH SEMESTER &
DIPLOMA IN FOOD PRODUCTION STUDENTS**

ACADEMIC SESSION-2020-21

(FILL IN CAPITAL LETTERS ONLY)

01. **NAME OF THE STUDENT:** _____

02. **FATHER'S NAME:** _____

03. **NCHMCT ROLL NO:** _____

04. **BANK DETAILS:-**

NAME OF STUDENT IN BANK ACCOUNT	
BANK ACCOUNT NO.	
IFSC CODE	
BANK NAME	
BRANCH ADDRESS	

(Please attach a copy of cancelled cheque/Passbook)

05. **Details of Deposit:**

06.

PARTICULARS	RECEIPT NO.	DATE	AMOUNT (RS.)	LF NO.
FEE/CAUTION MONEY/ LOCKER DEPOSIT				
HOSTEL SECURITY				
TOTAL				

REASONS FOR LEAVING THE INSTITUTE

DATED: _____

SIGNATURE OF STUDENT