



INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Dean of Students' Affairs Office

EXCESS FEE REFUND FORM

Academic Year: _____ Semester (I / II / Summer): _____

Student Name: _____ Roll No: _____

Programme (B. Tech. / M. Tech. / Ph. D. / M. Sc. (2-yrs) / M. Sc. Intg.): _____

Department: _____ Category (GN/SC/ST): _____

Room/Hall No: _____ E-mail: _____ @iitk.ac.in
(Please write clearly)

Bank Account No. (UBI/SBI): _____
(Please write your Bank account no.)

Amount Deposited Rs. _____ By Draft No./Cheque No. _____

Actual Amount of Fee Rs. _____ Excess amount to be refunded Rs. _____

Enclosure in support of proof:

1. Copy of Fee Receipt.
2. Copy of Demand Draft etc.
3. Any other documents please specified.

Signature of student
Date:

FOR DOSA OFFICE USE ONLY

Checked by: _____ Verified by: _____ Dated: _____

Approved for the payment of excess amount Rs. _____

Dean, Students' Affairs