

**KUVEMPU UNIVERSITY**  
**Directorate of Distance Education**  
**Bill for Refund of Fee**

Sl. No.	Name & address of the Candidate	Particulars of Fee with DD/ Receipt No. & Date	Amount of Original Deposit		Amount to be adjusted if any		Net Amount Refunded		Remarks
			Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	
		Final Claims settled : In B.R.. No. _____ Cheque/ DD No. _____							

Received a sum of Rupees :

Signature of Candidate

1. Certified that the Refund has been noted against the original receipt entry in the Departmental accounts.
2. Certified that the amount claimed in this bill has not been drawn in any of the provided bills.
3. Passed for payment Rs. ....

Asst. Registrar

DIRECTOR.  
 Directorate of Distance Education,  
 Kuvempu University, Jnana Sahyadri,  
 Shankaraghatta -577 451.