



SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

PROFORMA FOR FEES REFUND

PART-I To be filled by Student

Name _____ Father Name _____

CMS ID _____ Program _____

Reason for Refund (√): **Not Joined**

Withdrawn

Date of Commencement of Classes: _____ Date of last class attended: _____

Email ID: _____ Cell No: _____

Refundable amount may please be refunded through cross cheque (in favor of the student) via:

Address (in case for dispatch of cheque) _____

By hand by the student (√): **YES** **NO**

Date: _____ Signature Applicants: _____

Please attach: Copy of paid Fee Challan

Recommended

Not-Recommended

HoD / Program Coordinator

PART II-For Admission Section (Registrar Office)

Application received in Admission Section on dated: _____

Certified that the classes commenced w.e.f. _____ and the student attended class upto _____

HEC Policy for Fee Refund

% of Tuition Fee	Timeline For Semester /Tri-semester System	Timeline for Annual System
Full (100%) Fee Refund	Up to 7 th day of convene of classes	Up to 15 th day of convene of classes
Half (50%) Fee Refund	From 8 th -15 th day of convene of classes	From 16 th -30 th day of convene of classes
No Fee (0%) Refund	From 16 th day of convene of classes	From 31 st day of convene of classes

Amount received: Rs: _____

Less Deduction: Rs: _____

Net Amount thus to be refunded: Rs: _____

Submitted for Approval and orders, if agreed please.

Assistant Manager Admissions
Sukkur IBA, University

Registrar
Sukkur IBA, University

Vice Chancellor
Sukkur IBA, University