



**WAIVER REFUND REQUEST SLIP**

STUDENT'S NAME:

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CLASS: ..... SECTION: .....

STUDENT'S ID: .....

PARENT'S NAME: .....

APPLICABLE TERM: JUN-JUL

AMOUNT: Rs.7720/-

***(enclosed payment receipt/fee book)***

Dated: .....

Parent's Signature.

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*(For office use)*

Verified by: Principal's Signature.

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**REFUND AMOUNT: Rs.1380/-**

**Cheque No.....**