

Date: _____

The Director Admissions
Mehran University of Engineering and Technology
Jamshoro.

SUBJECT: REQUEST FOR REFUND OF THE FEE DEPOSITED THROUGH DEMAND DRAFT / CROSSED CHEQUE FOR ADMISSION UNDER SELF-FINANCE SCHEME / UNIVERSITY SUPPORT PROGRAM (USP).

Dear Sir,

I writing to inform that I applied for admission under Self-Finance Scheme (SFS) / University Support Program (USP) offered by the University for the session **2024-25 (24-Batch)**.

Please tick the appropriate box:

- I also appeared in the Pre-admission test conducted by the University **from June 2024 onwards** but could not clear the same. Hence, I want to refund my admission fee in full.
- I could not appear in the Pre-admission test conducted by the University **from June 2024 onwards** and became not eligible for the admission. Hence, I want to refund my admission fee in full.
- I also appeared in the Pre-admission test conducted by the University **from June 2024 onwards** and clear the same with good numbers and got admission on merit. Hence, I want to refund my admission fee in full.
- I also appeared in the Pre-admission test conducted by the University **from June 2024 onwards** and clear the same but changed my mind for some or other reason and do not want get admission. Hence, I want to refund my admission fee in full.
- I also appeared in the Pre-admission test conducted by the University **from June 2024 onwards** and clear the same but could not secure the discipline I wanted. Hence, I want to refund a portion of the admission fee, which I deposited / submitted with your office.

It is therefore requested that the full / partial fee I deposited / submitted through demand draft for admission under Self-Finance (SFS) / University Support Program (USP) may kindly be refunded at an earliest possible through special cross cheque in favor of the beneficiary / payee as per the details attached herewith.

Yours faithfully,

Signature and Name of the Applicant

A. DETAILS OF THE DEMAND DRAFT DEPOSITED / SUBMITTED:

Sr. No.	Name and Father's Name of the Candidate in Full	Amount of D. Draft Submitted	Demand Draft No.	Date of Demand Draft	Drawn On		
					Name of Bank	Name of Branch	Branch Code
1.							
2.							
3.							

B. DETAILS OF THE REFUND BENEFICIARY PAYEE:

Sr. No.	Full Name of Refund Beneficiary / Payee	Relationship with the Candidate	Refundable Amount	Account No.	Name of Bank	Name of Branch
1.						
2.						

Please find the following documents attached herewith:

1. The copy of CNIC / B-Form of the applicant (whichever is available).
2. The copy of CNIC of the beneficiary / payee.
3. The copy of the demand draft.
4. The copy of signed Pre-Admission Test Admit Card.

Signature and Name of the Applicant

District: _____ Seat No.: _____ Test Score: _____ CNIC No.: _____