



**KOHAT UNIVERSITY OF SCIENCE & TECHNOLOGY  
EXAMINATIONS SECTION**

Kohat-26000, Khyber Pakhtunkhwa, Pakistan Ph # 0922-554563-65, Fax # 554556

**APPLICATION FORM FOR FEE REFUND  
(CONDUCT SECTION)**

**INSTRUCTIONS**  
(Please read the following before submission of form)

1. Attach the photocopy of Fee Deposit Bank Slip in along with the application form.

2. Attach the photocopy of your CNIC.

1. Name of Candidate: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. CNIC No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Roll No./Enrollment No. (if any): \_\_\_\_\_ Programme: \_\_\_\_\_
5. Department/ Institute/ Centre (if any): \_\_\_\_\_
6. Postal Address: \_\_\_\_\_  
\_\_\_\_\_
7. Contact No: \_\_\_\_\_

**Reason for Refund** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Applying for Refund \_\_\_\_\_

The above named applicant/candidate has deposited Rs. \_\_\_\_\_ vide Bank Deposit Receipt No.: \_\_\_\_\_ Dated: \_\_\_\_\_ (fee deposit slip attached in original).

**Signature of the Candidate**

Approval for refund of fee may kindly be granted for a direct payment to the applicant please.

**Dealing Assistant:** \_\_\_\_\_ **Superintendent:** \_\_\_\_\_

The Director Finance, KUST for information and request to make payment to the concerned candidate as per rules in vogue.

**Asst./Dy. Controller of Examinations**

**Controller of Examinations**

Forwarded for further necessary action.

**Director Finance**

✕ \_\_\_\_\_

**Acknowledgement**

Received application form for Fee Refund from Mr./Ms. \_\_\_\_\_

Son/ Daughter of \_\_\_\_\_ Registration No. \_\_\_\_\_

Roll No./Enrollment No. \_\_\_\_\_ On dated \_\_\_\_\_

**Dealing Assistant**