



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

Kohat-26000, Khyber Pakhtunkhwa, Pakistan. Ph # 0922-5291501, 0922-52914756

APPLICATION FORM FOR FEE REFUND
(Conduct Section)

1. Name of Candidate: _____
2. Father's Name: _____
3. CNIC No.: _____
4. Roll No./ Enrol. No. (if any): _____ Programme: _____
5. Department/ Institute (if any): _____
6. Postal Address: _____

7. Contact No: _____

INSTRUCTIONS

(Please read the following before submission of form)

1. Attach the Bank Deposit Fee Slip in Original.
2. Attach the photocopy of your CNIC.

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:** _____

May be forwarded to the Treasurer, KUST for information and payment to the concerned candidate as per rules in vogue.

Asst./ Dy. Controller of Examinations

Controller of Examinations

Forwarded for further necessary action.

Treasurer, KUST