



Voucher # _____

Date _____

REFUND APPLICATION

To.

The Treasurer/Registrar,
University of Baltistan, Skardu.

Sir,

Kindly refund my _____ deposit in NBP/JS/HMB on dated _____

Challan no. _____ Name of Student _____

Father's Name _____ Reg.# _____

Program _____ Semester _____

**Yours Obediently
Signature of Student**

Forwarded and Recommended (Remarks if any)

Head of Department

Admission Section

Lab Incharge

Sports Section

Library

For Office use only

Total Amount deposit Rs. _____ Deduction. _____

Net amount Refundable. _____ Passed of Rs. _____

in Words. _____

Account Assistant

Deputy Treasurer

Additional Treasurer

Treasurer

Paid vide Cheque No. /Cash _____ Dated _____

Received Payment of Rs. _____

Payees Signature