

To,
The Director
ZenSight Institute
..... Branch



REFUND REQUEST FORM

Affix your recent
passport size color
photograph here.

Session :

Admission No. :

Respected Sir,

I would like to request a refund. I have read the "Terms and Conditions" of the Institute refund policy given in brochure and website.

I agree to abide by the same. My particulars are given below:

Student Name:										
Fathers Name:										
Mothers Name:										
Class:	IX	X	Course:	MS	PCB	PCM	PC	Stream:	FOUNDATIONS	
	XI	XII		PB	CB	PM	CM		MEDICAL	
	XII Passed			P	C	M	B		ENGINEERING	
Address:										
	City:				State:				Pincode:	
Mobile Number:	Parents				Mobile Number:		Student			
Email:										
Aadhar No.:										

A/c Holder Name:										
Bank Name:										
Branch:										
Account No.:										
IFSC:										
Contact No.:										
A/c Holder Relation with Student:										

Check list:

1. Aadhar Card Photocopy of student and A/c holder
2. Original Fee Receipt
3. Bank Passbook first page photocopy.
4. ZenSight Identity Card (original)
5. Refund request application form undersigned by parents.

- ☐ Tick if attached
☐ Tick if attached
☐ Tick if attached
☐ Tick if attached
☐ Tick if attached

Signature with date

Acknowledgement Receipt

Refund request serial No.:				Refund request Date:		
Admission No.:		Class & Course:		Stream:		

This is to acknowledge the refund request form to me in hand submitted by Mr./Ms./Mrs. _____ on date _____ at time _____ in the office.

Stamp

Signature with date