



National University of Medical Sciences

Application for Fee Refund

I _____ son/daughter of _____

hereby apply for cancellation of admission and fee refund as per Refund Policy mentioned in

Admission Offer Letter issued by NUMS to the undersigned. My particulars are as under:-

1. Program name: _____
2. Student's CNIC: _____
3. Email: _____
4. Contact number: _____
5. Reason for discontinuation of studies: _____

6. Attachment Required:

- (a) Copy of the Paid Fee Challan
- (b) Form for Banking Details of Beneficiary
- (c) CNIC of beneficiary/account holder

Declaration

I hereby declare that all the information given by me in support of my application are true, complete and correct to the best of my knowledge.

Date:

Signature of Student / Guardian



National University of Medical Sciences

Form for Banking Details of Beneficiary

Deposit Slip ID	
Name of Candidate	
Date of Commencement of Classes	
Course of Study	
Batch No	
Last Date of Class Attended	
CNIC No. of Beneficiary	
Title of Bank Account	
Bank Account No (Complete)	
Bank Name	
Branch Address	

Date

Student / Guardian Signature

Note: Fee refund form without mentioning date and signature will not be accepted.