REFUND REQUISITION FORM

Complete this form, scan and mail to:admissions.ir@srmist.edu.in

Applicant Details:

Application Number	
Name of the Candidate /Student	
Course applied for	
Branch and specialization	
Country	
Contact number	
Contact email address: 1.	
2.	
Reason for cancellation of Admission	
Date of Payment	
Total Amount Paid	
Bank to which the amount is paid	

Beneficiary Bank Details:

NAME OF BENEFICIARY	
BENIFICIARY BANK ADDRESS	
BENEFICIARY ACCOUNT NO:	
BENEFICIARY ACCOUNT TYPE. (SB,FCNR,NRO,NRI & NRE)	
BENEFICIARY BANK	
BENEFICIARY BANK SWIFT CODE:	
BANK IBAN NO:	
BANK IFSC CODE NO:	
RESIDENTIAL ADDRESS AS PER BANK BOOK	

Correspondent Bank Details:(If required)

CORRESPONDENT BANK NAME (Give complete address along with Post Box No (if any))	
SWIFT CODE	
FED ABA	
CHIPS ABA	

Note: Kindly go through the refund policy of SRMIST and place the request.

Signature:

Date: