



University of Jaffna, Sri Lanka
Faculty of Graduate Studies

APPLICATION FOR REFUND OF LIBRARY / LABORATORY DEPOSIT
(MPhil/ PhD)

1. Full Name (Rev./Mr./Mrs./Miss)
2. Name of the Degree :
3. Registration Number :
4. Address (Permanent) :
- (Correspondence) :
5. Amount Paid Rs. *Library Deposit* *Lab Deposit*
 - (in figures) :
 - (in words) :

.....
Date Signature of the Applicant

For Library Deposit

REPORT FROM THE LIBRARIAN

I certify that the above student has dues / no dues outstanding

.....
Date Signature of the Librarian

For Laboratory Deposit

REPORT FROM THE SUPERVISOR regarding the Laboratory Usage

.....
Date Signature of the Supervisor

REPORT FROM THE HEAD OF THE RELAVANT DEPARTMENT

I certify that the above student has dues / no dues outstanding

.....
Date Signature of the Head

FOR OFFICE USE ONLY

Bursar,
Finance Branch

Please refund the deposit of Rs. :

{ (Library Deposit) (Lab Deposit) }

To Rev./Mr./Mrs./Miss :

Registration Number :

Date of Payment : Receipt Number :

.....
Date	Assistant Registrar/Graduate Studies	Dean / Faculty of Graduate Studies