



University of Jaffna, Sri Lanka
Faculty of Graduate Studies

APPLICATION FOR REFUND OF LIBRARY
(Taught Courses)

1. Full Name (Rev./Mr./Mrs./Miss)
2. N.I.C. Number :
3. Name of the Degree :
4. Registration Number :
5. Address (Correspondence) :
.....
6. Contact Number :
7. Amount Paid Rs. *Library Deposit*
(in figures) :
(in Words) :
8. Bank Account Number to be deposited
- Name of the Bank Branch :

.....

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 OFFICE USE ONLY

Bursar,

Finance Branch

Please refund the deposit of Rs.:

(Library Deposit)

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

Registration Number :

Date of Payment : Receipt Number :

PAYMENT CERTIFIED

PAYMENT AUTHORISED

.....

Date

.....

SAR/Faculty of Graduate Studies

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Dean / Faculty of Graduate Studies