



Office of the Director Admission/Teaching
Shaheed Benazir Bhutto University

Sheringal, Dir-Upper, Khyber Pakhtunkhwa, Pakistan. Ph # 0944-885403 Email: academics@sbbu.edu.pk

PROFORMA FOR FEES REFUND

PART I-To be Filled by Student

Name: _____ Father Name: _____

Department _____ Program: _____

Reason for Refund (√): **Not Joined** **Withdrawn**

Date of Commencement of Classes: _____ Date of last class attended: _____

Email ID: _____ Cell No: _____

Refundable amount may please be refunded through cross cheque (in favor of the student) via:

Address (in case for dispatch of cheque) _____

By hand by the student (√): **Yes** **No**

Date: _____ Signature Applicants: _____

Please attach: Copy of paid Fee Challan

Recommended: **Not-Recommended:** **Sig:** _____ **Stamp:** _____
Chairman/HoD

Date: ____/____/____

PART II-For Admission Section (Teaching & Admission Office)

Application received in Admission Section on dated: _____

Certified that the classes commenced w.e.f. _____ and the student attended class

Up to _____.

Admission Cancellation Notification No: _____ Date: _____

Deputy Director Teaching & Admission



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University Policy for Fee Refund:

% of Tuition Fee	Timeline for Semester/Trimester	Timeline for annual System
Full (100%) Fee Refund	Up to 7 th day of commencement of classes	Up to 15 th day of commencement of classes
Half (50%) Fee Refund	From 8 th day of commencement of classes	From 16 th – 30 th day of commencement of classes
No Fee (0%) Refund	Form 16 th day of commencement of classes	From 31 st day of commencement of classes

PART III-For Finance Section (Treasurer Office)

Amount received: Amount: Rs: _____

Receipts No: Receipt: No: _____

Amount: Rs: _____

Receipt: No: _____

Less Deduction: Rs: _____

Net Amount thus to be refunded: Rs: _____

Accounts Assistant

Submitted for Approval and orders, if agreed please.

Director Academics
SBBU Sheringal

Treasurer
SBBU Sheringal

Registrar
SBBU Sheringal

Vice-Chancellor
SBBU Sheringal