



राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला
NATIONAL INSTITUTE OF TECHNOLOGY

Barjala, Jirania, Agartala – 799046 (Tripura)
OFFICE OF THE DEAN ACADEMIC
nitadeanacademic@gmail.com

No. NITA.5/(37-Acad)/All Notices/2020-21/A-2279

Date: 12/04/2023

NOTICE

This is to inform to all the **students of UG (final semester) and Dual Degree(8th & final semester) programme**, that they may apply for refund of excess fees, if any. Students may apply for such refund in the prescribed application form along with the declaration attached with the notice and submit the same in the Google Form: <https://forms.gle/Rm72XQutqbeDqE8GA> within 21st April, 2023.

Incomplete application as well as incomplete Google form will be rejected. No application of refund will be accepted after the above mentioned date of submission.

No further refund will be made from the Institute in intermediate semesters. Henceforth, Refund will be made after the award of final degree, if any excess amount paid to the Institute in connection with Registration Purpose.

This is issued with the approval of the Competent Authority.

Shanmukh 12/4/23
Asst. Registrar(Academic)
NIT Agartala

Copy to:-

1. PS to the Director, NITA, for kind information of the Director.
2. The Dean(AA) for kind information.
3. The Dean (SW-I and SW-II), NIT Agartala, for kind information.
4. The Registrar, NIT Agartala, for kind information.
5. All HODs and W/S, for kind information and necessary action.
6. The Chief Warden, for kind information and necessary action.
7. The Deputy Registrar (Finance), for kind information.
8. The Faculty-in-Charge, MIS for kind information & necessary action.
9. In-Charge, Stipend Section, NIT Agartala for kind information.
10. The System Administrator, NITA for kind information with a request to upload the notice in the Institute website.

Shanmukh 12/4/23
Asst. Registrar(Academic)
NIT Agartala



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NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

APPLICATION FOR REFUND OF EXCESS AMOUNT

1.	Name of the student	
2.	Enrollment No.	
3.	Current Semester.	
4.	Course (BTECH/BSMS/BTMT/MTECH/MCA/MBA/MS/PHD)	
5.	Department	
6.	Category	
7.	Income Status (Supporting Document to be attached)	
8.	Amount adjusted by the Institute towards as a Tuition Fee (Mention in semester)	
9.	Deposited Amount Paid as fee (Supporting Document to be attached)	
10.	Actual Amount of Semester registration fee (Supporting Document to be attached)	
11.	Actual/Balance Amount Claim	
BANK DETAILS (Attach a photocopy of the 1 st page of the cancelled cheque)		
12.	Name of Account Holder	
13.	Bank Account No. (Preferably SBI A/c)	
14.	Name of the Bank & Branch	
15.	IFSC	
16.	Mobile No and Email	

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.

(Students Signature)

Date:

For Office use only

Certified that the information furnished by the student is verified with the records and found correct. The amount to be refunded – Rs. _____ (In words _____)

Jr. Asst

Asst.Reg(Acad)

Asso Dean(Acad)

Dean(Acad)

Audit

AR(Finance)

Registrar



राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला
National Institute of Technology Agartala

Jirania, Tripura(W)-799046

Declaration for refund of fees

I _____, son/ daughter of _____, studying in B. Tech/ BT-MT/ BS-MS/M.Tech/M.Sc/MBA/MCA/Ph.D (tick one) in the Department of _____, bearing enrollment no. _____,

My category (attach MIS copy) is (Tick one from below):

- ☐ GEN/ OBC/ EWS (Annual family income below 1 lac).
☐ GEN/ OBC/ EWS (Annual family income between 1-5 lac).
☐ GEN/ OBC/ EWS (Annual family income above 5 lac).
☐ ST/ SC/ PwD.

Based on my category mentioned above, I find myself eligible for a refund of an amount Rs. _____ (In words _____).

My refund amount may be credited to the following bank and related details (attach scanned cancelled Cheque):

1. Account number:
2. Branch name:
3. Name of Account Holder:
4. Relation with account holder (if not self):
5. IFS Code:

I declare that the information above given by me are true and I shall be solely responsible for any action if any of the information is found false or untrue at any point of time.

Signature of the Student with date

Endorsement of Parents/ Guardian

I _____, father/ mother/ guardian of _____, studying in B.Tech/BT-MT/BS-MS/M.Tech/M.Sc/MBA/MCA/Ph.D(tick one) in the Department of _____, bearing enrollment no. _____,

I re-confirm the bank and related details for refund of amount of Rs. _____ (In words _____) as below:

1. Account number:
2. Branch name:
3. Name of Account Holder:
4. Relation with account holder (if not self):
5. IFS Code:

I/ We confirm that the information given above by my son/ daughter and me/ us is true and if any information is found false/ untrue, I/ we shall be liable to pay the full fees as prescribed by NIT Agartala and shall accept any action taken by NIT Agartala against my son/ daughter or me at any point of time.

Signature of Father/ Mother/ Guardian* with date

* If relation other than Father/ Mother, a separate undertaking must be submitted.