IMSC HIGGS BOSON ACADEMY

REFUND REQUEST FORM

Application No.: _____ Date: ___/___/_____

1. Student Details

Student Name: _____
Class/Course Enrolled: _____
Parent/Guardian Name: _____
Mobile Number: _____
Email ID: _____
Address: _____

2. Admission & Fee Details

Date of Admission: ___/___/_____
Total Fee Paid (■): _____
Mode of Payment: Cash / UPI / Bank Transfer / Cheque / Other
Receipt Number(s): _____
Date(s) of Payment: _____
Fee Received By (Authority Name & Designation): _____

3. Attendance Details

Number of Classes Attended (including Demo Classes): _____
Classes Attended From: ___/___/_____
Classes Attended Till: ___/___/_____
Reason for Seeking Refund: _____

4. Documents Submitted

■ Original Fee Receipt Copy
■ Admission Form Copy
■ ID Proof of Parent/Guardian
■ Bank Account Details (if applicable)

5. Parent/Guardian Declaration

I certify that the information provided is true and correct. I understand that refund requests are processed strictly as per the refund policy of IMSC HIGGS BOSON ACADEMY. I acknowledge that if admission was taken after attending more than three demo classes, no refund shall be admissible.

Parent/Guardian Signature: _____
Name: _____
Date: ___/___/_____

FOR OFFICE USE ONLY

Student Attendance Verified: Yes / No
Number of Classes Attended: _____
Fee Receipt Verified: Yes / No
Amount Eligible for Refund (■): _____
Remarks: _____
Verified By: _____
Designation: _____
Refund Decision: Approved / Rejected
Approved Refund Amount (■): _____
Authorized Signatory & Seal: _____