

Date :

From

Name of the Student : Mr./Ms./
Roll Number :
Branch :
Semester :
Department :
College : CEG/ACT/SAP/MIT

To

The Director
CPDE
Anna University
Chennai – 600 025.

Sir,

Sub : Refund of excess payment of fee - Requested – Reg.

Ref : Receipt No. Dated.

I have paid my semester fee of Rs....., on.....
instead of prescribed amount of Rs....., I requested you
to kindly refund the excess amount of Rs..... (Rupees
.....)

My Bank A/c. No :

Name of the Bank : * SBI / Indian Bank / Canara Bank

Branch :

Thanking You,

Yours Sincerely,

(Signature of Student)

Encl : Copy of Fee Receipt.

* Strike whichever is not applicable.