

CIPM SRI LANKA

LI/FO/011

Library Refund Request

Student Name	
Student Number	
Receipt Number (Kindly attached the original Receipt)	

Kindly insert your Address.

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...

The telephone number where we can contact you during the day time and, your E-mail Address

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...

Student Declaration

I certify that, above information are correct and request to refund the Library Deposit of Rs. and, register post the same to the given above address.

Student Name:

.....

Student Signature:

Date:

Librarian Recommendation

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...

Librarian

Checked By (Accounts Assistant/Executive) :

Payment Passed By (Accounts Executive/SMFA) :

