FORM 2

The following Declaration is to be filled

I	(Student's Name) hereby providing the Bank Account
details of	(Name of the beneficiary) who is my
	(Father/Mother/Guardian). The details are as under:
Beneficiary Name:	
Account Number:	
IFSC Code:	
Bank Name & Branch:	
I have No objection in ge	tting the refund in the above mentioned Bank Account. I shall remain
solely and fully responsible	e in case of any discrepancy.
Further, I am attaching	Copy of PAN Card / Aadhar Card (ID
proof) / Voter ID (address	s proof) for the above-mentioned beneficiary.
Signature of the Stude	nt
Name:	
Name of the Course:	
Academic Session:	
Reg. No./Application No.:	