

## Aliah University

(Under the Department of Minority Affairs and Madrasah Education, Govt. of West Bengal) IIA/27, New Town, Kolkata - 700160, West Bengal

Memo No.: AU/REG/0632/22

Date: 28-11-2022

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## Notice

(Return of Health Insurance Fee)

In partial modification to the previous Notice vide Memo No.: AU/REG/0585/22 dated: 09.11.2022 the undersigned is to inform all concerned that the Health Insurance Fee collected from the students on or after session: 2020-2021 will be adjusted or refunded as the case may be, subject to the nature of their studentship status.

- The existing students are hereby advised to adjust their previously paid Health Insurance Fee paid on or after session: 2020-2021 with the upcoming semester fee.
- The passed out students are hereby advised to apply for refund in the prescribed format attached herewith to the Office of the Finance Officer by submitting their application in the reception counter of the University.

N.B.: Students who took admission during session 2019-2020 will neither get the Health Insurance Fee adjusted with their upcoming semester fee nor will they get refund for the same as they were provided with Health Insurance Card along with the associated benefits, if claimed.

Registrar

Memo No.: AU/REG/632(08)/22

Copy forwarded to:

1. P.A. to Vice-Chancellor for information of the Hon'ble Vice-Chancellor.

2. Dean of Student's Welfare for information.

3. Finance Officer for taking necessary action.

4. Deputy Registrar for information and necessary action.

5. Chairman, Fees Revision Committee for taking necessary action to accommodate this change and revise the existing fees structure of Aliah University.

6. Chairman, AUAT for information and necessary action.

7. University website.

8. Guard File for record.

Registrar

## Aliah University

## **Application form for refund of Health Insurance Fee**

То		Date:
The Finance Officer,		
Aliah University.		
Sir/ Madam,		
I	s/d/o	
having Roll No,	a student of	(Course Name)
in the Department of	have completed my co	ourse successfully / left my
programme mid-way.		
Hence, I do hereby request your kind	Office to refund the Health Insura	ance Fee which I paid on or
after session: 2020-2021 against my	semester	(Mention Semesters),
amounting to INR(India	ın Rupees	).
My Bank Details are given below:		
Bank Name:	Branch Name:	
Account No.:	IFSC Code:	
Phone number:	E-Mail ID:	
I am also enclosing a photo copy of my	Bank Passbook/Bank Statement (s	self attested).
Thanking you,		
Yours faithfully,		
(Full signature of the applicant)		
Enclosure: As stated.		
It is certified that the student has compl	eted the course.	
	(Signature of the Ho	D with official seal and date)
It is certified that the student has no fee	s dua	

(Signature of the Cashier with official seal and date)