



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN
Advance Skill Department

Refund Claim Form

I have deposited Rs: _____ (in words) _____
as Course registration fees for _____ via Challan / Draft
No. / Pay Order No. _____ dated _____ Bank _____
Branch _____. Due to personal reasons, I will not be able to attend Course,
so I request you to kindly refund the amount for unattended Course. I know that I will get 75% of
amount for unattended Course, as 25% will be deducted as application processing fee.

My particulars are as under:

Name:	Father's/Husband/s Name:
C.N.I.C/. No.	Date of Birth:
PMDC Reg No:	RTMC Reg. No:
Designation:	Speciality:
Institution:	
Residential Address:	
Cell No:	E-mail:

WORKSHOP ATTENDED DETAILS	
Course Title	Course Fees Paid

Date _____

Signature of Applicant

For Use by ASD Department

Date _____

- Course Status Changed to "REFUND"
 Forwarded to Finance Department For Refund

Signature of HOD
Advance Skill Department
CPSP Karachi