

**COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE, GUJARAT STATE
APPLICATION FORM
FOR REFUND OF EXCESS FEES PAID**

**TO,
THE REGISTRAR
COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE,
GUJARAT STATE.
COUNCIL HOUSE, OPP.M.P.SHAH CANCER HOSPITAL,
CIVIL CAMPUS, ASARWA, AHMEDABAD-380016.**

Sir,

I have make payment in Your Council through Online SBI by mistake I paid excess amount I request you to refund said amount details is as follow

Name: - _____

Registration No.G-_____

Address:- _____

_____ Pin Code:- _____

Mo:- _____

Excess amount paid Online:- _____

Date of Payment: - _____ Transaction Id:- _____

Bank Name: - _____ For refund of Fees.

Bank Account No: - _____ For refund of Fees.

**Received from Council of Homoeopathic system of Medicine, Gujarat State
a sum of Rs. _____ By cheque No. _____ SBI**

Date:

Signature