

**CLAIM FORM FOR REFUND OF APPLICATION FEE AGAINST ADVT NO. Rectt/02/2025 DATED 17.12.2025
FOR THE RECRUITMENT OF ASSISTANT MANAGER (PHARMACY) & ASSISTANT MANAGER (IT)**

NOTE: Details should be filled in the Capital Letter only.

S.No	Particular	Details
A.	Details of Candidate & Post Applied	
1.	Candidate's Name (As mentioned in application form)	
2.	Candidate Registration / Application No.	
3.	Father's Name	
4.	Post & Discipline Applied for	
5.	Mailing Address	
6.	Mobile No	
7.	Email ID	
B.	Bank Details of the candidate for remitting the amount	
1.	Bank Account Holder's Name	
2.	Bank Account No. (Kindly Attach scanned copy of cancelled cheque)	
3.	IFSC Code	
4.	Name of Bank & Address	

DATE:

(SIGNATURE OF CANDIDATE)