SHRI KRISHNA AYUSH UNIVERSITY, KURUKSHETRA (HARYANA)

NOTICE

Regarding Refund of Excess Application Fee – Advt. No. NT-01/2026 to NT-03/2026

It is hereby informed to all concerned candidates that a number of requests have been received from candidates seeking refund of the excess application fee paid by them at the time of submission of their online applications for the posts of Staff Nurse, Ayurvedic Pharmacist and Clerk against Advt. Nos. NT-01/2026 to NT-03/2026.

The concerned candidates are, therefore, requested to submit their claim form(s), duly completed in all respects, in the prescribed proforma enclosed herewith, along with the requisite supporting documents, for claiming refund of the excess application fee paid by them. The duly completed claim form(s) along with the supporting documents may be sent through email to recruitmentcell@skau.ac.in latest by 30.09.2026.

Note: The scanned copies of the claim form(s) and all supporting documents must be clear, legible and properly visible. Incomplete, illegible or unclear documents may not be considered for processing of the claim.

Date: 08.09.2026

Registrar 08/09/26

Shri Krishna AYUSH University, Kurukshetra

REFUND CLAIM PROFORMA

For refund of excess application fee deposited through duplicate/multiple payment against Advt. No. NT-01/2026 to NT-03/2026

A. **Candidate Details**

1. **Name of Candidate:** _____
2. **Father's/Mother's Name:** _____
3. **Application/Registration No.:** _____
4. **Name of Post Applied for:**
   - ☐ Staff Nurse
   - ☐ Ayurvedic Pharmacist
   - ☐ Clerk
5. **Regd. Mobile No.:** _____
6. **Regd. E-mail ID:** _____

B. **Payment Details**

S. No.	Transaction ID/UTR/ Reference No.	Date of Transaction	Amount Paid (₹)	Status	Remarks
1.				Successful	Valid Application Fee (mentioned in the filled application form)
2.				Successful	Duplicate Payment
3.				Successful	Duplicate Payment
4.				Successful	Duplicate Payment

(Note: The valid application fee must be shown at Sr. No. 1 and excess fee payment be shown from Sr. No. 2 onwards)

Total amount claimed for refund: ₹ _____

C. Bank Account Details for Refund

1. **Name of Account Holder:** _____
2. **Name of Bank:** _____
3. **Account No.:** _____
4. **IFSC Code:** _____

D. Documents Attached

The candidate shall attach the following documents:

- Copy of Application form without any Annexure.
- Proof of all successful payment transactions.
- Bank statement/payment receipt clearly showing deduction of the duplicate/multiple payment(s).
- Copy of cancelled cheque/passbook/bank account proof showing account holder's name and account number.

Signature of Candidate: _____

Name: _____