



**SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL
UNIVERSITY LARKANA, SINDH, PAKISTAN**



Department of Medical Education

REFUND CLAIM FORM

I have deposited Rs: _____ (in words) _____ as workshop registration fees for the workshop(s) _____ Via Challan / Draft No. / Pay Order No. _____ Dated _____ Bank _____ Branch _____.

Due to personal reasons, I will not be able to attend workshops. I know that I will get 50% of amount for un-attended workshop(s), as 50% will be deducted as application processing fee
My particulars are as under:

Name: _____ Father's/Husband's Name _____
C.N.I.C. NO: _____ PM&DC#: _____
Designation: _____ Speciality: _____
Cell No: _____ E-Mail: _____
Residential Address: _____

WORKSHOP ATTENDED DETAILS			
Workshop Title	Workshop Fees Paid	Workshop Attended	
		Yes	No

Date _____

Signature of Applicant

FOR OFFICE USE ONLY

Workshop Title : _____

Bank Draft/Pay Order/ Demand Draft No: _____

Date _____

Office Signature