



KARNATAKA STATE PHARMACY COUNCIL
514/E, I Main, 2nd Stage, Vijayanagar
Bangalore - 560104

REFUND APPLICATION FORM

Acknowledgement No	
KSPC Reg.No. (if registered & allotted)	
Reason for Refund (Double or excess payment/ withdraw application / payment made through NEFT / application rejected)	
Name	
Mobile	
Email	
Form Type (KSPC-A / KSPC-B/KSPC-C/KSPC-D /KSPC-I/KSPC-G/KSPC-A1/Eligibility/KPCRPT-A)	
Amount (in Rs.)	
Transaction Date	
Mode of Payment (Eg. Debit Card / Master Card / Net Banking ...)	
Transaction Bank (Eg. Bank Name)	
Bank Transaction No.	
CC Avenue Ref. No.	
Copy of Fee Receipt Enclosed (Yes / No)	
BANK DETAILS TO REFUND TO MY ACCOUNT	
Bank A/c. No.	
Name of the Bank	
Name of the Account Holder	
IFSC Code	

Signature of Candidate / Registered Pharmacist

FOR OFFICE USE ONLY

Receipt No.		Receipt Date	
Paid by Online / Cash		Transaction No.	
Transaction Date		From Bank	

Signature of Accountant

Dy.Registrar

Registrar