



Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Chancellor

Prof. Dr. M. M. Salunkhe
M.Sc., Ph.D., F.R.S.C.
Vice Chancellor

Bharati Vidyapeeth
(Deemed to be University)
Pune, India.

Founder Chancellor : Dr. Patangrao Kadam
MEDICAL COLLEGE, PUNE

★ Accredited with 'A+' Grade (2017) by NAAC ★
★ Category-I University Status by UGC ★
★ NIRF Ranking - 62 ★

"Social Transformation Through Dynamic Education"



Dr. Vishwajeet Kadam
B.Tech., M.B.A., Ph.D.
Pro Vice Chancellor

Brig. (Retd) Dr. N. S. Mani
M.D. (Pathology)
Principal

Ref. No. : BVDU / MC / 2624/2020-21

Date : 13/11/2020

MBBS 2020-21

Information Regarding Refund of Fees & Cancellation of Admission

- 1) Amount of fees to be deducted in case of re-allocation/upgradation in subsequent counseling: Rs 10,000/- (Remaining fees will be reimbursed within 15 days from the date of application)
- 2) Amount of fees to be deducted in case candidate resigns during counseling period (Before 2nd round): Rs. 10,000/- (Remaining Fees will be reimbursed within 15 days from the date of application)
- 3) Amount of fees to be deducted in case candidate resigns after second round or after last date of admission: Student will have to pay entire course fees (Course- 4 ½ years) for both Management & NRI seats.
- 4) Tuition fees may be increased by not more than 5% annually.



**BHARATI SAHAKARI
BANK LTD., PUNE-30**

**Application Form for Fund Transfer Through Real Time Gross Settlement (RTGS)/
National Electronic Fund Transfer (NEFT)**

Branch Code / Name	
Date	
Time	

Limit for transactions	
NEFT	1 to No Limit
RTGS	2.00 lakh to No Limit

You are requested to remit the proceeds as per details below through RTGS / NEFT (Tick the appropriate Box)

Attaching Cheque No _____ FOR Rs. _____ /-(For RTGS draw cheque favouring "Bharati Sahakari Bank Ltd. - RTGS" and for NEFT draw cheque favouring "Bharati Sahakari Bank Ltd.- NEFT")

Beneficiary Details	
Beneficiary Name	
Beneficiary Account Number	
Beneficiary Address	
Beneficiary Bank Name & Branch	
Beneficiary Bank IFS Code	
Amount (in figures) to be credited	Rs. _____
Amount (in Words) to be credited	

Remitter Details	
Remitter (Applicant) Name	BVDU Medical College, Pune
Remitter Account Number (15 digits)	200503130005656
Remitter PAN	AAATB 1836D
Mobile/ Phone Number of Remitter (Mandatory)	
Remarks/ Purpose	MBBS Admission Refund Fee 2020-21

Terms & Conditions

- I / We hereby authorize Bharati Sahakari Bank Ltd., to carry out the RTGS / NEFT transaction as per details mentioned above.
- I / We hereby agree that the aforesaid details including the IFS code and the beneficiary account are correct.
- I / We further acknowledge that Bharati Sahakari Bank accepts no liability for any consequences arising out of erroneous details provided by me/ us.
- I / We agree that the credit will be affected solely on the beneficiary account number information, beneficiary name particulars will not be used for the same.
- I / We authorize the bank to debit my/ our account with remittance amount plus charges plus taxes as applicable for this transaction.
- I / We agree that requests submitted after the cut off time will be sent in next batch or next working day as applicable.
- I / We hereby agree & understand that the RTGS/ NEFT request is subject to the RBI regulations and guidelines governing the same and also the policy of the Bank.
- I / We also understand that the remitting Bank shall not be liable for any loss of damage arising or resulting from delay in transmission delivery or non-delivery of Electronic message or any mistake, omission or error in transmission or delivery thereof or in deciphering the message from any cause whatsoever or from its misinterpretation received or the action of the destination Bank or any act or link down at any point or even beyond control.
- I / We agree that once the request is initiated by the branch cannot be stopped by me/ us.
- In case RTGS and NEFT option is not ticked by me/us, I/We authorize you to execute the transaction **equal or more than Rupees Two Lakh through RTGS** and debit the charges as applicable.

Signature of Authorized Signatory	_____	_____	_____
	1 st Signatory	2 nd Signatory	3 rd Signatory
<i>Please affix stamp wherever applicable</i>			
Branch Use Only			
KYC complied - Yes <input type="checkbox"/> No <input type="checkbox"/>			
Transaction Entered by	Employee Code	Signature	Branch Stamp & Date
Transaction Authorized by	Employee Code	Signature	