



மனோன்மணியம் சுந்தரனார் பல்கலைக்கழகம்
MANONMANIAM SUNDARANAR UNIVERSITY
Reaccredited with 'A+' Grade by NAAC(4th Cycle)



Dr. U. Balasubramanian ,
Controller of Examinations.

University Buildings
Abishekapatti Tirunelveli – 627 012

MSU/Exam/Co-ord./Excess Fee-Refund/April 2026 Exam/2026

Date: 03.08.2026

To

The Principals of all Affiliated Colleges
The Heads of University Departments

Sir/Madam,

Sub: April 2026 Examinations - Refund of excess fee remitted - Intimation – reg.

Ref: Vice-Chancellor's order, dt.31.07.2026.

I am, by direction to inform that the University is proposed to refund the excess fee remitted by the students in the online portal during **April 2026 Examinations**. In this regard, a '**Refund Form**' is attached herewith and also available in the University Website (www.msuniv.ac.in/examinations/certificate/forms) for applying refund. The students may be directed to submit the individual claim to the office of the Controller of Examinations on or before **20.08.2026** by adhering the following terms and conditions:

1. Individual requests along with prescribed filled-in format duly forwarded by the Principal of Affiliated colleges / Heads of the University Departments only be considered for refund.
2. Incomplete 'Refund form' will be summarily rejected.
3. The requisitions should reach the office of the Controller of Examinations on or before **20.08.2026**
4. If the requisitions are received after the last date, they will not be considered under any circumstances.
5. The amount will be credited only into the individual candidate's Bank Account, as per the bank details submitted by the candidates.

The above may kindly be brought to the notice of the students concerned and also to be displayed in your college notice board.

Encl: As above



CONTROLLER OF EXAMINATIONS

3/8/26

03/08/26

3/8/26



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Refund Form for Examination Excess Payment
For April 2026 (Regular) Semester Examinations only

College Code	Course	Major	Reg. No.

Name : _____

College Name : _____

Year of Examination : _____

Payment Details:

A) Transaction Details:

Sl.No.	Payment ID	Transaction ID	Amount Paid
1.			
2.			
3.			

B) Amount Paid Details:

Amount to be paid	Amount Actually Paid	Amount of Excess Paid to be refunded

C) Excess payment to be credited into

Bank Name & Branch	IFSC Code.	Account No.
1.		
2.		

Mobile No: _____

Email- ID : _____

Office Seal & Date:

Signature of the Candidate

Office Use Only

Signature of the Principal