



DIRECTORATE OF MEDICAL EDUCATION & TRAINING, ODISHA
OFFICE OF THE CONVENER, COMBINED COUNSELLING COMMITTEE 2025-26

Notification No. **140** MET-1-GA-07/2025 Bhubaneswar, Dated **07.03.2026**

NOTICE

The candidate who has not taken provisional admission through the Counseling Process, but have paid the admission fees in advance or paid extra or excess amount, are advised to apply in the attached prescribed format and submit a scan copy along with the copy of the Front Page of the Bank Account to the given email ID only.

If any candidate fails to apply for refund after due date (**31.03.2026**), their claims will not be entertained.

- The last date for receiving the applications by e-mail combinedallied.compl@gmail.com is **31.03.2026 (5.00 p.m.)**

Sd/-

Convener

ADMISSION FEES REFUND APPLICATION FORM
COMBINED COUNSELING FOR PARAMEDICAL & ALLIED MEDICAL SCIENCE 2025-26

To
The Convener

Sub:- Regarding Refund of Admission fees / Refund of Extra Fees Paid.

Sir,

Myself, (Name) _____, bearing Application No-_____ having Merit Rank in Combined Merit List _____ (UR/CMR-Rank) beg the following for your kind consideration. *(Pls Tick and Fill up which ever is applicable to you)*

- (A) That, I, have not taken admission in any of the Course and Institute through the Counseling process but Paid Rs. _____/- (Amount) on _____ (Date) through SBI Collect bearing Challan reference No. _____, expecting to get admitted through the counseling process.
- (B) That, I have paid wrongly an extra/excess amount of Rs. _____/- as I have taken admission in Course Name : _____ and (Institute/College Name) _____ in (1st /2nd/Spot) Round Counseling and Paid Rs. _____/- (Amount) on _____ (Date) through SBI Collect bearing Challan reference No. _____ & _____, against my actual admission fees Rs. _____/-

The below Bank Account Details belongs to me / belongs to my relative *(Tick which ever applicable)*

Name of the Account holder	
Name of the Bank	
Type of the Account - Savings / Current	
Bank Account Number	
IFSC Code of Bank	
Bank Branch Address	
Mobile Number of Candidate	

Signature of Applicant

Date :

For Convener Office

Amount Approved for Refund

E-mail to :- combinedallied.compl@gmail.com

Approved By Convener