



# रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एन्ड नर्सिंग साइंसेज REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)  
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

जेमाबोक, आईजोल, मिज़ौरम - 796017  
Zemabawk, Aizawl, Mizoram - 796017

Ph: 0389-2350521; Fax: 0389-2351130  
email: ripans.aizawl@gmail.com

website: www.ripans.ac.in

## NOTICE FOR REFUND OF APPLICATION FEE

Dated Aizawl, the 3<sup>rd</sup> December, 2021

No.A.12019/1/2021-Estt/RIPANS/3: In continuation of the previous Order of even number dated 29.10.2021, it has been decided that application fee for the post of Storekeeper is to be refunded to the applicants due to withdrawal of the recruitment.

Interested candidates must submit fee refund request in prescribed format through email only to [ripans.aizawl@gmail.com](mailto:ripans.aizawl@gmail.com) by 17.12.2021.

  
(Dr. H.LALRINMAWIA)  
Director


Regional Institute of Paramedical  
& Nursing Sciences, Aizawl

Dated Aizawl, the 3<sup>rd</sup> December, 2021

Memo No.A.12019/1/2015-Estt/RIPANS/3(A)

Copy to:-

1. Principal/HoDs for information.
2. AO/FO for information.
3. System Engineer to upload in the Institute's website.
4. Office Order Guard File

  
Director

Regional Institute of Paramedical  
& Nursing Sciences, Aizawl

**REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES, AIZAWL**

**APPLICATION FOR REFUND OF APPLICATION FEE  
FOR THE POST OF STOREKEEPER AT RIPANS, AIZAWL**

1. Advertisement No and date : \_\_\_\_\_
2. Name of the applicant(in block letters) : \_\_\_\_\_
3. Mobile No. : \_\_\_\_\_
4. Email id. : \_\_\_\_\_
5. Father's/Husband's Name : \_\_\_\_\_
6. Address : \_\_\_\_\_
7. Date of birth : \_\_\_\_\_
8. Amount paid : \_\_\_\_\_
9. Transaction No./ID : \_\_\_\_\_
10. Amount claimed : \_\_\_\_\_
11. Bank Account No. : \_\_\_\_\_
12. Name of the bank : \_\_\_\_\_
13. IFSC Code : \_\_\_\_\_

I hereby declare that all the information furnished as above is correct and true to the best of my knowledge & belief and I want refund of application fee for the post of Storekeeper as per my own discretion.

Date : \_\_\_\_\_

Signature: \_\_\_\_\_

Place : \_\_\_\_\_

Name of candidate: \_\_\_\_\_