



# HITEC-Institute of Medical Sciences


## SOP FOR FEE REFUND

DOCUMENT #: SA-SOP-10

ISSUE # 03

ISSUE DATE: 13-5-2024

# SOP for Fee Refund

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|  | <b>HITEC-Institute of Medical Sciences</b> |                   |
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### 1.0 PURPOSE:

1.1 The purpose of this procedure is for refund / transfer of fee to MBBS students.

### 2.0 SCOPE:

2.1 This procedure is applicable to Student Affairs Department and MBBS Students.

### 3.0 ABBREVIATIONS:

|       |   |
|-------|---|
| NUMS  | National University of Medical Sciences |
| PM&DC | Pakistan Medical & Dental Council       |
| HITEC | Heavy Industries Taxila Education City  |
| IMS   | Institute of Medical Sciences           |

### 4.0 RESPONSIBILITIES AND AUTHORITIES:

4.1 Principal  
 4.2 HoD Student Affairs  
 4.3 Manager Student Affairs

### 5.0 PROCEDURE

5.1 Admitted MBBS students applying for refund will be facilitated as per the following policy.

#### 5.1 COLLEGE FEE

- 5.2.1 Admission fee is non-refundable.
- 5.2.2 MBBS students wishes to leave the institution before start of the classes or session then complete fee except non-refundable fee shall be refunded.
- 5.2.3 If the student wishes to leave the institution after commencement of classes, then the fee will be deducted for the period the students stay in the college on pro-rata basis alongwith the non-refundable fee.



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5.2.4 If a student leaves any time during the program, the college shall adjust the tuition fee already paid pro rata to the period spent by the student in the program along with a penalty not exceeding ten percent of the total annual fee.

5.2.5 No penalty shall be imposed upon a student who seeks to leave the program before the closing date of admission in the private medical college as notified by the PM&DC.

5.2.6 Fee will be refunded within minimum 10 working days after receipt of the written request (application) or email. Following credential must be mentioned in the application :-

5.2.4.1 Account Title

5.2.4.2 Account Number

5.2.4.3 Name of the Bank & Branch

5.2.4.4 Contact PTCL Number or Mobile Number

## 6.0. RELATED DOCUMENTATION

| Sr. # | Document Name                  | Document Number | Retention Period |
|-------|--------------------------------|-----------------|------------------|
| 1.    | Refund Cases<br>Correspondence | SA-F-29         |                  |