To,

The Principal,

<College Name >

<Address > Date:………………………………..

Sub : Refund of Caution Money

Name :…………………………………………………………………………………………………………

Degree :……………………………………………Stream :………………………………..……………

Roll No. :………………………………..Registration No.:……………………………………………

E-Mail Id :……………………………………Mobile No. :………………………………………………..

Full Address :…………………………………………………………………………………………………………

**Bank A/c Details:**

Name of the Account holder : ………………………………………………………………………………………………………..

Bank A/c No. : …………………………………………….. Type of A/c (SB/CD/OD) :……………..

Bank Name :………………………………………………….Branch:…………………………………………

Bank Branch Full Address :…………………………………………………………………………………………………………

Bank Branch IFSC Code :…………………………………………………………………………………………………………

NO DUES CERTIFICATE :

|  |  |  |
| --- | --- | --- |
| Library | Dues/No Dues | Signature of the Librarian |
|  |  |  |
| Department and Lab | Dues/ No Dues | Signature of the HOD |
|  |  |  |
| Hostel Clearance | Dues/ No Dues | Signature of the Warden |
|  |  |  |
| Exam Cell | Dues/ No Dues | Signature of the Exam Incharge |
|  |  |  |
| Registrar’s Office  | Dues/ No Dues | Signature of the Registrar |
|  |  |  |
| Accounts section | Dues/ No Dues | Signature of the Accountant |

I hereby declare and undertake that :

* All the information provided above is true and complete in all respect
* If the details mentioned by me above are incorrect due to any reason (Including Typing/ Writing error, etc. ) I shall be completely responsible for any loss such as non-receipt of caution money.
* The college will not be responsible for wrong credit of caution money in case where I have mentioned the Account No. and other details as above wrongly and I also understand that in such cases I will not be getting any Caution Money.
* All charges related to transfer of Caution Money ( Applicable at the time of transfer of Caution Money as levied by the Bank) in my Account will be borne by me.

……………………………………..

Signature of the Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

(Office to verify and check whether Form is complete in all respect before accepting )

………………………………………………….. ………………………………………….

Signature of the Principal

In-Charge Accounts Department Seal of the college