To, The Principal,		
<college name=""></college>		
<address></address>		Date:
	Sub: Refund of Caut	tion Money
Name	:	
Degree	:Stream :	
Student Code.	: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:	T = -	
Library	Dues/No Dues	Signature of the Librarian
Donartment and Lab	Dues/ No Dues	Signature of the HOD
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 In charge
Dogistrow's Office	Dues / No Dues	Cignoture of the Posistron
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:	
<ul> <li>All the information prov</li> </ul>	vided above is true and	complete in all respect
<ul> <li>If the details mentioned</li> </ul>	l by me above are incor	rect due to any reason (Including Typing/
Writing error, etc. ) I shall be completely responsible for any loss such as non-receipt of		
caution money.		
<ul> <li>The college will not be r</li> </ul>	esponsible for wrong c	redit 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.		
<ul> <li>All charges related to trans</li> </ul>	ansfer of Caution Mone	ey (Applicable at the time of transfer of
Caution Money as levied	d by the Bank) in my Ac	count will be borne by me.
Signature of the Student		
	For Office Use	e Only
(Office to verify and che	eck whether Form is co	mplete in all respect before accepting)
Signature of the		Principal

Seal of the college

In-Charge Accounts Department