MENTAL HEALTH INSTITUTE

Near S.D. College, Adj. to Pb. Police Officer Inst., Sector 32, Chandigarh 160030 Email: mhipsychiatry@gmail.com

HOSTEL OFFICE

APPLICATION FOR THE REFUND OF HOSTEL SECURITY

Note: Security Claim shall lapse after a period of 90 days from vacation of Hostel and the same stands forfeited as lapsed security.

1. Name of the student : ______ (in Block Letters)

2. Father's Name (in Block Letters) : _____

3. Particulars of Hostel Accommodation:

Course Name	Session	Room No.	Room Vacated on Dated	Security Paid (Rs. 4000/-)	
				Transaction No.	Date
				tricity charges, fine, r	mess charges
etc. for the period of	my stay in hos	stel and r	nothing is due aga	inst me.)	

4. Address after leaving the hostel :

Mobile No

5. My Bank account details is as under:

Bank account No

Name of Bank

Branch Address _____

IFSC Code _____

Dated:

(for office use only)

Nothing is outstanding against the said applicant

1. Hostel dues paid (Room rent/ water/electricity) : Receipt No & _____ Date

2. Mess dues paid :

Hostel Security to be refunded : Page on which the security is entered in : Room Allocation Register

Signature of Hostel Caretaker

Signature & Stamp of Mess Contractor

Warden (Hostel)



(pass book copy attached)

Signature of applicant

Date

Rs._____