GOVERNMENT MEDICAL COLLEGE & HOSPITAL SECTOR –32, CHANDIGARH HOSTEL OFFICE

<u>APPLICATION FOR THE REFUND OF HOSTEL SECURITY</u>

NOTE:	i) ii) iii)	Hostel & the same stands forfeited as lapsed security. ii) Incomplete/incorrect forms will not be entertained.								
1.	(in Bl	Name of the student : (in Block Letters)								_
2.	Fathe	Father's Name (in Block Letters) :								_
3.	Partio	Particulars of joining the college session:								
	Sr.	No	Session	Class	Ro	oll No			son for Hostel	
4.	Addre	ess afte	r leaving the	hostel	<u> </u> :					
	Mobil	e No								_
5. 6.	Secu My ad	Security paid Rsvide receipt no dated My account details is as under:								
	Bank	Bank account No				(pass book copy attached)				
	Name	Name of Bank								
	Brand	Branch Address —————								
	IFSC	Code								
Dated:								Signatu	re of ap	plicant
Α./.	. 41-tt			(for office		ıly)				
NO	otning is ou	itstandii	ng against th	e said appii	cant					
1.		Hostel dues paid (Room rent/ : Amalgamated Fund/water/electricity)					No & _			
2.	Mess	Mess dues paid :				Receipt Date	No & _			
	Hoste	el Secur	rity to be refu	nded	:	Rs				
	_		ch the securi the Security	•	:					
Signature of Hostel Clerk						Signature & Stamp of Mess Contractor				
						Chief W	arden	(Hostel	s)	