To,
The ……
JIS Institute of Pharmacy
Block A, Phase III, Kalyani, Nadia 741235 Date:……..

Sub : Refund of Caution Money

Name:……
Degree:……Stream :……
Student ID:…… Academic Session……
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
Hostel Clearance	Dues/ No Dues	Signature of the Warden
Exam Cell	Dues/ No Dues	Signature of the OIC Exam Cell
Department and Lab	Dues/ No Dues	Signature of the HOD
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
- I have attached Bank Passbook Photocopy/Cancelled Cheque enclosed with this application.
- 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