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MALAVIYA NATIONAL INSTITUTE OF TECHNOLOGY JAIPUR

Office of Dean Student Welfare: Hostel Wing

PERFORMA FOR HOSTEL NO DUES & CAUTION MONEY FOR GRADUATING HOSTEL RESIDENTS

(Hostel Name & No:.....)

(To be filled by the Student)

Student Name: _____

Student Id: _____

Mobile No. of Student: _____

Email Id of Student: _____

Parent's Name (Father/Mother/Guardian): _____

Mobile No. of Father/Mother/Guardian: _____

Address of Correspondence: _____

Room No: _____

Hostel Joining Date: _____ Hostel Leaving Date: _____

BANK DETAILS FOR REFUND OF CAUTION MONEY

(To be filled by the Student)

Name of Beneficiary (CAPITAL LETTERS): _____

Account No. _____ IFSC Code: _____

Bank Name & Address: _____

Details of Items in Room:

	TUBE LIGHT	FAN	TABLE	CHAIR	COT
Tick (✓) If present in Room, Tick (x) If not present in Room.					
Health / Condition put Good (Not Broken) or Poor (If Broken)					

Student's Signature

Comments by Caretaker including condition of White Wash: _____

Caretaker's Signature

Comments by Warden: _____

Warden's Signature

FOR HOSTEL OFFICE USE ONLY

Amount and Date of Caution Money Refunded with Transaction ID _____

