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| --- | --- | --- |
| ***Dining Rebate Form***  ***(To be prepared in duplicate, one copy will be forwarded to account and another held with dining office)*** |  |

Date …… /……/……

Name of the Student….......................................................... Mess Card No…………………………….

Department & Roll Number ………………………………… Semester …………………………………

Hostel Name & Room No. …………………………………. Contact No. ………………………….......

Reason for seeking rebate………………………………………………………………………………….......

Name of Caterer…………………………No. of Days ……… Duration: From …. /…../…. To…../….../…….

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Signature of student with date

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Signature of the faculty in charge or HOD

(In case more than 07 days rebate availing)

Name of Faculty ----------------------------------

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Date, Seal & Sign from Dining Warden Office

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***Receipt For Caterer***

Name of Student …………………………….. Mess Card No……………………………………

Department & Roll No…………………….. .. Hostel Name & Room No………………................

No. of days rebate availed by the student……… Duration: From...…/……/…. To…. /…. /……

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Date, Seal & Sign from Dining Warden Office