

Government of NCT of Delhi RAJOKARI INSTITUTE OF TECHNOLOGY

RAJOKARI, NEW DELHI-110038 Phone no. 011-24124837

Email: rajokariinstitute@gmail.com

APPLICATION FOR REFUND OF SECURITY DEPOSIT WHILE LEAVING THE RAJOKARI INSTITUTE OF TECHNOLOGY, RAJOKARI, NEW DELHI – 110038

TO,	
	THE PRINCIPAL
	RAJOKARI INSTITUTE OF TECHNOLOGY

RAJOKARI, NEW DELHI – 110038

Sir/Madam,

As I have left/passed out this institute, my security deposit may please be refunded.

I have received all my original certificates from academic cell. I am hereby submitting the following requisite document for security refund.

S.no.	Name of the document/ Sequence of document	Details/ Remarks
1	Identity card (Original)	
2	No dues Form	
3	Cancelled cheque/ Passbook details	
4	ECS Form	

Note: Students should submit two sets of all above documents (one original and one copy) as per the above sequence.

Yours Faithfully		
Board Roll No.: Date:		
(Signature)		
Address:	Name	
	BTE Roll no	
	Mobile no	



Government of NCT of Delhi RAJOKARI INSTITUTE OF TECHNOLOGY

RAJOKARI, NEW DELHI–110038

Phone no. 011-24124837

 $Email: \underline{rajokariinstitute@gmail.com}$

No Dues Certificate

110 B 405	Certificate
BTE Roll No. :	Department:
Name of Student:	
Father's Name:	Mobile No
1. Library: I/R counter	Librarian
2. Sports Incharge:	3. SC/ST Incharge:
4. Computer Lab: i)ii)	_iii)iv)v)
5. Electronics Lab: i)ii)	6. Physics Lab :
7. Workshop:	8. Caretaker:
9 .Proctor:	10. HOD:
11. Cashier:	12. Academic:
My diploma certificate may be forfeited.	Yours faithfully,
	Student Sign.
Date- Nothing is due against the above student. I	His/her security deposit may be refunded.
Remark: Students must have retained cown record.	
with the no dues form. Security deposit of Rs	tity card and original cancelled cheque along
has been refunded to the student vide personally/ECS.	cheque no dated

Cashier DDO

Government of NCT of Delhi RAJOKARI INSTITUTE OF TECHNOLOGY

RAJOKARI, NEW DELHI–110038

Phone no. 011-24124837 Email: <u>rajokariinstitute@gmail.com</u>

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MODEL MANDATE FORM

STUDENT'S OPTION TO RECEIVE REFUNDABLE SECURITY DEPOSIT THROUGH CREDIT CLEARING MECHANISM

1.	BOARD ROLL NO.:
	DEPARTMENT:
	NAME OF STUDENT :
	(AS APPEARED ON THE BANK PASSBOOK)
4.	FATHER'S NAME:
5.	E-MAIL ID:
	MOBILE NO.:
	PARTICULARS OF BANK
A)	ACCOUNT NO. (AS APPEARING ON THE CHEQUE BOOK):
B)	IFSCAPPEARING ON CHEQUE ISSUED
	BY THE BANK
C)	MICR NO.:APPEARING ON CHEQUE
	ISSUED BY THE BANK
D)	BANK NAME:
E)	BRANCH ADDRESS:
	TELEPHONE NO.
F)	ACCOUNT TYPE (S.B. ACCOUNT/ CURRENT ACCOUNT OR CASH
	CREDIT WITH CODE 10/11/03):
page	E: Please attach a blank cancelled cheque or photocopy of a cheque or front of your bank passbook issued by your bank for verification of the above culars.
8.	DATE OF EFFECT
I, her	eby declare that particulars given above are correct and complete.
Date:	(Signature of the student)