

NETAJI SUBHAS INSTITUTE OF TECHNOLOGY AZAD HIND FAUJ MARG, SECTOR - 3 **DWARKA, NEW DELHI-110078**

Ramanujan Hostel

F. No.211()/2009/BH-IV/NSIT/20_		Dated://20	-
*То,				
Sub	: - Refund of Hostel and	Mess security and refund of	Mess advance.	
Dear Student,				
This is to	inform that your applic	cation for refund of Hostel ar	nd Mess security (after h	ostel
vacation) has been	forwarded to the accou	unts section vide letter/diary	no (dated
	You are advised	to contact the accounts sectio	n for any clarifications/que	eries.
			(Signature of War	den)
*NAME				
* MOBILE NO				
*ROLL NO				
*ROOM NO				
Further, the cheque	e No	of your mess advance (after deducting mess cha	rges)
amount of Rs	has	s been prepared. You may kin	ndly collect the same from	n the
hostel office on any	working day.			
Fields marked with	(*) are required to be			

filled by Student in CAPITAL letters.

NETAJI SUBHAS INSTITUTE OF TECHNOLOGY AZAD HIND FAUJ MARG, SECTOR – 3 DWARKA, NEW DELHI-110078

Ramanujan Hostel (BH-IV)

MESS REFUND FORM

	NAME	
	MOBILE NO. and Mail Id of Studen	t
	ROLL NO.	
	ROOM NO.	
	BRANCH	
	DATE OF JOINING	
	DATE OF LEAVING	
M	MESS COMMITTEE	CHEQUE PERSONALLY FROM THE COORDINATOR Yes No ENT TO ME BY POST AT THE FF. ADDRESS
		Yes No
	POSTAL ADDRESS	
	LAND LINE PHONE NO	
Date:		(SIGNATURE OF STUDENT)
	<u>Ackno</u>	wledgement Slip
Name :_		
Roll No.	:	Branch:
Date of S	Submission of Application:	
	= *	

NETAJI SUBHAS INSTITUTE OF TECHNOLOGY SECTOR -3, DWARKA, NEW DELHI -110078 RAMANUJAN HOSTEL

APPLICATION FOR REFUND OF HOSTEL SECURITY

1. NAME			
1. NAME	SEMESTER	ROOM NO	
3. HOSTEL FEE RECEIPT NO. & AMOU	JNT DEPOSIT		
4. DATE OF JOINING			
5. REASON FOR LEAVING			
6. DATE, MONTH, YEAR OF LEAVING7. ADDRESS WHERE CHEQUE IS TO E			
7. ADDRESS WHERE CHEQUE IS TO E	SE SENT (IN CAPITAL LETTEN.		
Received Payment of Rs.			
*** affix revenue			
stamp and signature		SIGNA	ATURE OF THE STUDEN' (WITH DATE)
	FOR OFFICE USE	ONLY	
(i) HOSTEL FINE	Rs		
	Rs		
	Rs		
(ii) TOTAL AMOUNT TO BE REFUND	Rs		
Entry Page no Year _			
(HOSTEL CARETAKER)	(WARD	DEN) (HOST	TEL CHAIRMAN / DSW)
Instructions:			
* Please attach the white slips of Ho	stel security payment receig	t.	
** Please enter the postal address n	, , ,		
*** Please affix revenue stamp and	signature.		
FILL IN THE BELOW DETAILS IN CAPIT	ΓAL LETTERS : -		
1. NAME OF STUDENT:			
2. BANK NAME:			
3. BANK A/C. NO. :			
4. IFS CODE. :			
5. MOBILE NO. :			