भारतीय प्रौद्योगिकी संस्थान रोपड़

# INDIAN INSTITUTE OF TECHNOLOGY ROPAR

छात्रावास प्रबंधन अनुभाग/**Hostel Management Section**

रूपनगर , पंजाब - 140001/ **Rupnagar, Punjab-140001**

**saaccounts@iitrpr.ac.in/carehostel@iitrpr.ac.in**

Date: ____/____/20___

## HOSTEL SECURITY REFUND FORM (INTERNS/JRF/SRF/RA/POST DOCS/PROJECT STAFF/OTHERS)

1. Name of student : _____

2. Entry Number : _____Dept Name:_____

3. Guide Name : _____

4. Position/Program Name: _____

   Hostel Name and Room No. : _____

4. Passed/Withdrawal year :_____Room Vacated on_____Time:_____

5. Home address: _____(Institute Email if any)_____

   Contact No. _____Email(other than Institute)_____

6. Amount of Hostel Security fee deposited:_____

7. Bank A/c No. (in which Security transferred SELF ONLY):_____

   Bank Name:_____IFSC Code:_____
   **\*Please, Provide bank account of your name (applicant only). The refund will not be processed to any other bank account.**

8. Joining date:_____
   I will keep this account active at least for the next four to six months.

9. **Time limit for processing of refund:**

| Refund cases submitted upto 30th /31st of the month | To be processed by 25th of the next month |
|---|---|

10. Date_____                                          Sigantaure of student

### FOR WARDEN OFFICE USE

**Catetaker's Certificate**
Check list of the room items.
Almirah_____Chair_____Table_____Bed_____Book Rack_____
Router_____Fan_____Tube-Light_____
Remarks if any:
This is to certify that the above student has vacated the room on _____/_____/20_____ and handed over all hostel

material. There is Nothing/_____outstanding dues towards his/her lodging as on date.

Signature of Caretaker  Date_____                                          Signature of  (Hostel Warden)
    With date                                                                                          With date

**For HM Office**

JA (HM)                                          JAO(HM)                                          AR(HM)