

Name : _____

Add. : _____

Date : _____

Contact No: _____

To,
The Dean,
Seth G. S. Medical College &
K.E.M. Hospital,
Parel, Mumbai-12

Respected Sir/Madam,

I, Dr. _____ was registered for _____
course at this college during _____ term under the guidance of Dr. _____
_____. I have paid the deposit of Rs. _____ at the time of admission.

I have passed the _____ examination held by the University of
Mumbai in _____. As I have completed my agreement conditions. Kindly
arrange to refund my Security Deposit.

Thanking you.

Following documents are enclosed herewith this application.

- 1) Original Fee Receipt paid at the time of admission.
- 2) Advance Stamp Receipt
- 3) No Dues Form
- 4) Attested xerox copy of Passing Certificate
(if applicable)
- 5) ECS Form (verified & signed by concern bank authority with stamp & seal)
- 6) Blank cheque Xerox of the SB A/c.

Yours faithfully,

Sign. & Name of candidates

No.GCH/

H.C. (Account)

This is to certify that Dr. _____ has on passed
_____ examination held in _____. There is no objection for
refund his/her security deposit.

DY. DEAN (G)

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI-12

ADVANCE STAMP RECEIPT

Place :

Date :

Received from the Chief Accountant, Municipal Corporation of Greater Mumbai
a sum of Rs. _____/- (Rs. _____ only)
in settlement of refund claim of Shri/Smt. _____.

Signed in my presence

Revenue Stamp

Signature _____

Name _____

(Receiver's / Candidates signature)

Designation with Rubber Stamp

SETH G. S. MEDICAL COLLEGE, PAREL, MUMBAI-12

Clearing Certificate for refunding Security Deposit to Post Graduate Student.

Certified that Library Books/Linen/Furniture/Medical Instruments/Lockers Keys/
Aprons etc. supplied to Dr. _____

Has been returned and there is no objection to refund the security deposit paid at the time
of admission.

1. Concerned Head of the Department.
2. Post Graduate Teacher
3. Sr. Librarian
4. H.C.(GUG)
5. H.C.(GPG)
6. H.C.(GTR)
7. H.C.(CASH) College
8. H.C.(CASH) Hospital
9. H.C. Superior
10. H.C.(Diet & Linen)
11. H.C. Stores
12. H.C.(Engg. Stores/Warden)
13. Medical Record Department
14. Hon Secretary RMO Mess KEM Hosp.
15. Member of Gosumec Alumni Association : Yes/ No

Signature of the student

Electronic Clearing Services (Credit Clearing)

1) Customer Name:

2) Particulars of the Bank Account

a) Name of the Bank

b) Name of the Branch

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Address: _____

Telephone No of the Bank _____

c) MICR No.

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d) Type of the Account (S,B/ Current)

e) Account No (As appearing in the Cheque Book)

3) Date of Effect :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Signature of the customer

Date :

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp/Seal

Date:

Signature of the authorized
Official of the Bank