Name: _____

1st BDS ☐ / Intern ☐

Govt. Dental College & Hospital,

Jamnagar

Date: _____

To,
The Dean
Govt. Dental College and Hospital
Jamnagar.

Subject:- Refund of Caution Money Deposit

Respected Madam,

I had paid Caution Money Deposit of Rs. 1000/- vide receipt no _____ Dated _____ as a part of fees for 1st BDS course in your college.

Since I have got admission to Govt. Dental College and Hospital, Jamnagar on _____ through reshuffling procedure, I wish cancel my admission/complete my formalities at your college.

I kindly request you to arrange for the refund of my Caution Money Deposit. The amount may please be credited to my bank account as per the details given below:

- Bank Name: _____
- Bank A/c No.: _____
- IFSC Code: _____
- Branch Name: _____

I am enclosing herewith the original deposit receipt for your reference.

Residential Address: - _____

_____

Pincode: _____ Mob. No._____

Yours sincerely,

_____

Document Attach:

1) Caution Money Deposit Original Receipt.
2) Bank Passbook Xerox./Cancel Cheque.