Name: _____

MDS ☐

Batch:- _____

Govt. Dental College & Hospital, Jamnagar

Date: _____

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

Subject:- Refund of Deposit.

Respected Madam,

As I have completed/cancelled my MDS admission in subject of _____ year. I wish to withdraw my deposit paid at the time of admission as mentioned below Details of fees and receipt number as per below.

Sr. No.	Head of Fees	Receipt Number	Receipt Date	Deposit in Rs.	Signature of Student

Kindly arrange to refund my deposit to the bank account mentioned below:

- **Bank Name:** _____
- **Bank Account Number:** _____
- **IFSC Code:** _____
- **Branch Name:** _____

As mentioned above, I have attached the original deposit receipt herewith for your reference.

Address:- _____

_____Pincode:_____

Mob. No._____

Yours sincerely

(_____)

Document Attach:

1) Deposit Original Receipt.
2) Bank Passbook Xerox.