FORM C

COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY
CENTRAL OFFICE FOR UNIVERSITY HOSTELS
APPLICATION FOR REFUND OF CAUTION DEPOSIT

Date :.....

Room No. : Hostel No. : Hostel Admission Reg. No :

Name of student course and Department in which studying	:	
Details of remittance of Caution Deposit	:	Rs. Date :.....
Liabilities if any	:	
Date on which Hostel vacated	:	

Signature of applicant
Residential Address

CLEARANCE REPORT FROM HOSTEL

I.	Whether there are any damages in the room (to door, window, wardrobe, cot, table, chair etc.)	
2	Whether electric light and installations are in order	
3.	Whether lock and keys supplied are available	
4.	Whether all dues are paid (Rent, establishment fees, mess dues etc.)	
5.	Other liabilities if any	

Mess Secretary Hostel Secretary Matron / Manager Assistant Warden

DEPARTMENTAL REPORT

Hostel Admn. Reg. No.

i. Certified that the Caution Deposit amount of Rs. ..... (Rs. ..... only) collected from Shri /Smt..... was remitted in to C U F on.....vide Receipt No.....

ii Certified that Shri/Smt. .....Has remitted the room rent etc. for the period from .....to .....

Asst. SO HEAD OF THE DEPARTMENT

ORDERS FOR RELEASE OF CAUTION DEPOSIT

WARDEN
COUNCIL OF WARDENS