

INDIAN STATISTICAL INSTITUTE BANGALORE CENTRE
NO DUES CUM CAUTION DEPOSIT REFUND CERTIFICATE

PART- I

- | | |
|--|-----------------------------------|
| 1. Name of Student / Research Scholar: | 6. Email: |
| 2. Roll No. / Registration No.: | 7. Contact Nos.: |
| 3. Course Name: | 8. Hostel Room No.: |
| 4. Unit: | 9. Hostel Building Name: |
| 5. Library/Hostel Caution Deposit: | 10. Date of Hostel room vacation: |
| Receipt No: Total Amount: | 11. Bank Details: |
| | A/C No: |
| | IFSC Code: |

Please enclose the **original caution** deposit receipt

Date:

Sign of Student / Research Scholar:

PART- II

1. Initiating Unit where course undertaken (including verifying the return of institute assets like laptop, computer etc.)
Date: _____ Head of Unit (name and sign)

2. Library
Date: _____ In-charge Library (name and sign)

3. Hostel Mess
Date: _____ Student's Mess In-charge (name and sign)

4. Central Office (Admin) - ID Card, Transport, Guest House
Date: _____ Administrative Officer (name and sign)

5. Hostel
Date: _____ Warden (name and sign)

6. Office of the Associate Dean
Date: _____ Associate Dean (name and sign)

7. Accounts
Date: _____ Accounts Officer (name and sign)