

# UNIVERSITY COLLEGE OF MEDICAL SCIENCES

Dilshad Garden, Delhi-110095

## HOSTEL

### FORM FOR CLAIM OF HOSTEL & MESS SECURITY

Note: The Bill must be pre-receipted

Name of Applicant & Room No.	Amt. Deposited	Amt. for which refund is claimed	Receipt No. & Date	Reason Office Note
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Address on which  
Cheque to be sent  
Telephone

Received Payment

Student's Signature

Passed for Rs. \_\_\_\_\_

Dated: \_\_\_\_\_

Vide Cheque No. \_\_\_\_\_

Dated: \_\_\_\_\_

Dealing Asstt.

Section Officer

Warden