



# Excel GROUP INSTITUTIONS

(Sri Rengaswamy Educational Trust)

Pallakkapalayam – 637 303

## **HOSTEL VACATING FORM – GIRLS / BOYS HOSTEL**

1. Name of the College :
2. Name of the Student :
3. Batch :
4. Roll No. :
5. Reg. No. :
6. Department / Year :
7. Address for Communication :  
(To Refund Caution Deposit)

8. Phone Numbers for communication: \_\_\_\_\_ Email: \_\_\_\_\_
9. Room No. \_\_\_\_\_ :
10. Purpose of vacating \_\_\_\_\_ :
11. Date of departure from Hostel \_\_\_\_\_ :
12. Deposit Rec. No. / Date \_\_\_\_\_ :  
(Attach xerox copy)

	<b>Specific Breakage in Room</b>	<b>Room Rent &amp; Deposit</b>	<b>Current Month Mess Bill &amp; Rent with Advance</b>	<b>Balance in Previous Mess Bills</b>	<b>Store Fee</b>	<b>College Fee</b>	<b>Bus Fee</b>
Sign							
Seal							

**Sr. Accountant**

**Class Advisor**

**HoD**

**Floor Warden/Dy. Warden**

**Principal**

**Chief Warden**

**Director**

**Encl:**

1. Requisition letter with Class Advisor, HoD and Principal signature for checking of regular exams and arrear exams for date of vacating
2. Parents undertaking letter.
3. Ration card Xerox / Voters ID card of parent and student.
4. Hall Ticket Xerox
5. Deposit Refund Request form

No. of Students already Vacated in my room		No. of Students yet to Vacate from my room	
Room key will Hand over by	Name :		
	Dept :		
	College :		

**Signature of the student**

Individual Breakage Details					
Room No		Room Type		Members	
S. No.	Particulars	At the time of Admission	At the time of Vacation	Any Damages	Breakage Amount
1	Chairs				
2	Tables				
3	Cots				
4	Cot Rods				
5	Window Glasses (Large/Small)				
6	Window Handles				
7	Bathroom Small Glasses				
8	Switches				
9	Regulators				
10	Bulb Holder				
11	Tube lights				
12	Fan				
13	O' Watts Bulb				
14	Tap				
15	Toilet				
16	Wash Basin				
17	Room Cleaning				
18	Wall Painting				
19	Door Painting				
20	Door Damages				
21	Door Latches				
Total Breakage Amount					

**Room & Floor Overall Breakage verified by**

Name &amp; Signature

Mess				
S. No.	Particulars	From & To date	Total days	Amount
1	Dates of extra days stayed after the previous month mess bill			
2	Leave details if any for Reduction			
3	Car Charges			
4	Medicine			
5	Breakage Amount (Room)			
6	Others			
Total				

Signature of Supervisor / Incharge

Hostel Accountant

Hostel Accounts Incharge



# **Excêl GROUP INSTITUTIONS**

Komarapalayam - 637303

## **BANK ACCOUNT DETAILS FOR CAUTION DEPOSIT REFUND FORM**

1. Name :
2. Name of the College : Roll No. :
3. Course – Year : Dept :
4. Father Name :
5. E-mail ID : Cell No. 1. Parent :  
2. Student :
6. Bank Details:
  - a. Account Holder Name :
  - b. Bank Name : Branch :
  - c. Account No. : IFSC Code :
  - d. Enclosers:
    - a. College ID Card Xerox
    - b. Bank pass book xerox (front page) (or) Bank statement with account no. (or) Cancelled cheque leaf of the account holder

**Student Signature**

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### **FOR OFFICE USE ONLY**

1. Caution Deposit Paid Rs. :
2. Deduction Rs. :
3. Eligible for Refund Rs. :
4. Amount Paid Rs. :
5. Neft. / Cheque No. & Date :

**Accountant Signature**