



# GOVERNMENT MEDICAL COLLEGE SURAT



MAJURA GATE, SURAT – 395 001

GUJARAT, INDIA

## Refund of Residency Deposit cum No Due Certificate

|     |  |                               |
|-----|--|-------------------------------|
| 1.  | <b>Joined as PG Junior Resident/ Senior Resident</b>                                     |                               |
| 2.  | <b>Name of PG Course/ Subject of Senior Residency</b>                                    |                               |
| 3.  | <b>Full Name of Resident</b><br>(as per the college records)                             |                               |
| 4.  | <b>Full Postal address for sending</b><br>Deposited amount to be refunded                |                               |
| 5.  | <b>Email address</b>   |                               |
| 6.  | <b>Contact No. – 1. Personal Mobile No.</b><br><b>2. Residential / Optional</b>          |                               |
| 7.  | <b>Deposited amount Rs.</b>  |                               |
| 8.  | <b>Admission term with Month &amp; year</b>  |                               |
| 9.  | <b>Date of Joining / Adm. in PG course/ SR</b>   |                               |
| 10. | <b>Last Date of working in college</b>   |                               |
| 11. | <b>Reason for Refund :-</b>  |                               |
|     | 1. Senior Residency Completed  | Date :- ..... / ..... / ..... |
|     | 2. P.G. Course Completed on  | Date :- ..... / ..... / ..... |
|     | 3. Resigned as 1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> year / SR resident on | Date :- ..... / ..... / ..... |
|     | 4. Joined as Tutor / Assistant Professor as on   | Date :- ..... / ..... / ..... |

.....  
**Signature of Applicant**

10. **No Dues Certificate to be given by** : (with Rubber stamp)

|                          |  |
|--------------------------|--|
| <b>Name of Applicant</b> |  |
|--------------------------|--|

| <b>No.</b> | <b>Department</b>   | <b>Sign with Rubber stamp</b> |
|------------|---|-------------------------------|
| <b>1</b>   | <b>Central Library Department,<br/>Government Medical College, Surat</b>          |                               |
| <b>2</b>   | <b>Authorities of P.G. Resident Hostel,<br/>Government Medical College, Surat</b> |                               |
| <b>3</b>   | <b>Accounts Officer,<br/>Government Medical College, Surat</b>                    |                               |
| <b>4</b>   | <b>Concerned Head of the Department,<br/>Government Medical College, Surat</b>    |                               |

**Note :**

- (1). Attach only.....
  - a). Attested Xerox copy of receipt's both sides
  - b). Resignation order from the post of Senior Residency
  - c). Proof of resignation letter or Tutor / Assistant Professor's appointment order
  - d). Admission order issued by college & university Authority
  - e). P.G. passing Mark Sheet.
- (2). Please don't attach Original Receipt with this form. Refund order will be collect from student section.
- (3). Contact Accounts Section, Government Medical College, Surat with original receipt after receiving the Refund Order.
- (4). Deposited amount will be forfeited if no claim is made within 6 months from the last date of leaving the college.

**Place :**

**Date :**

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**Signature of Applicant**