



Application Form for Refundable Deposit

Date:..... Membership ID: (Attach Deposit Card)

Name of the Parent (as per CPR):

Contact No.(Mobile-I):..... Mobile No. II :.....

No. of Children Studying in the School:.....

S. No	Name of the Children	Class/Div	GR No.
1			
2			
3			
4			
5			

Amount of Levy and Refundable Deposit Paid

Building Levy			Refundable Deposit		
No. of Installments	Amount BD	Receipt No.	No. of Installments	Amount BD	Receipt No.
1			1		
2			2		
3			3		
4			4		

No. of Children Leaving the School:.....

S. No	Name of the Children	Class/Div	GR No.	Date of Withdrawal
1				
2				
3				
4				
5				

.....
Signature of the Parent

For Office Use

Amount to be Refunded from Refundable Deposit

PV No..... BD: Cheque No:

.....
Prepared By

.....
Accounts Officer

.....
Principal