



## Application Form for Refundable Deposit

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

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

Contact No. - Office:..... Residence:..... Mobile:.....

SL. 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 Fills	Receipt No.	No. of Installments	Amount BD Fills	Receipt No.
1			1		
2			2		
3			3		
4			4		

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

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

.....  
Signature of the Parent

### For Official Use

Amount to be Refunded from Refundable Deposit

PV No..... BD: ..... Cash/Cheque No: .....

.....  
Prepared By Accounts Officer Principal

.....  
Hon Chairman/Hon.Secretary