



INSTITUTE OF HOTEL MANAGEMENT, BHOPAL

(An Autonomous Body under Ministry of Tourism, Government of India)

CAUTION MONEY REFUND FORM

IMPORTANT INSTRUCTIONS

1. This form must be filled in **BLOCK LETTERS** only.
2. No Dues Form must be submitted along with this form.
3. Incomplete forms or forms with incorrect information will be rejected.
4. Submission of this form does not guarantee immediate refund of caution money.
5. Refund shall be processed only after verification and clearance from all concerned departments.
6. Student ID Card must be submitted along with this form.
7. The original Library Card has to be submitted for refund of caution money deposit along with the application form.
8. Students must attach self-attested copies of Aadhaar Card, Bank Passbook/Cancelled Cheque, and Institute ID Card.
9. Student should not have any pending Re-Appear subject(s) or failure in any subject at the time of submission of this form.
10. Any pending dues, disciplinary matter, hostel liability, library fine, or institute property damage shall result in withholding of refund until settlement.
11. The institute reserves the right to reject or delay refund claims in case of discrepancy or false information.

STUDENT DETAILS	
Name of the Candidate	
Batch	
NCHMCT Roll Number	
Year of Passing/Completion of Course	
Aadhaar Card Number	
Mobile Number	

BANK DETAILS FOR REFUND	
Name of Account Holder	
Bank Account Number	
Name of the Bank	
Branch Name	
IFSC Code	



NO DUES CLEARANCE

S. No.	Department	Remarks	Signature & Seal	Date
1	Food Production Department			
2	Food & Beverage Service Department			
3	Front Office Department			
4	Housekeeping Department			
5	Maintenance Department			
6	Hostel Department			

DECLARATION BY THE APPLICANT

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that submission of false information or concealment of facts may lead to cancellation of my claim and disciplinary/legal action by the institute.

I further declare that I have cleared all dues payable to the institute and agree that the institute shall not be responsible for delay in refund due to incomplete documentation, incorrect bank details, or pending departmental clearance.

Place: _____

Date: _____

Signature of the Applicant: _____

Name: _____

OFFICE USE ONLY		
Verified By	Signature	Date
Accounts Section		
Administrative Officer		
Principal		