|  |  |  |
| --- | --- | --- |
| 1 | **Name of the Student**  |  |
| 2 | **Father’s /Mother’s Name** |  |
| 3 | **Address** |  |
| 4 | **Contact Number** |  |
| 5 | **Batch and Course of Study** |  |
| 6 | **Admission Category:** **DOTE/Management** |  |
| 7 | **Student Register Number** |  |
| 8 | **Mention Whether:** (Make a tick in the check box) |  |
| **Amount of Caution Deposit Paid - Tuition Fee**  **- Hostel Fee** | **Rs.** **Rs.**  |
| 9 | **Bank Account Details for Refund:****Name as per Bank Record :****Name of Bank :****Bank Account Number :****Branch Name :****IFSC Code:** |  |

* To be filled in block letters only.
* Only **“ YOUR PERSONAL BANK ACCOUNT ”** Details will be accepted.
* Please submit filled in form to: **accountssrec2020@sriramec.edu.in**