

# MALABAR CANCER CENTRE

## REQUEST FORM

### CERTIFICATE & REFUND OF CAUTION DEPOSIT

1.	Name(Capital Letter)		
2.	Mobile & Email id		
3.	Name of the college /Organisation/Institution		
4.	Programme joined at MCC	Fellowship/BSc MRT/Project/Internship/Clinical Posting/Observeship/Training	
5.	Duration of Period at MCC		
6.	Dept/Division posted		
7.	Caution Deposit receipt No/ dated and amount		
8.	Certificate & ID receipt No/dated and amount		
9.	Original bill for Caution deposit Enclosed	Yes/No	
10.	If original Caution deposit receipt lost, submit the affidavit( <b>Annexure-1</b> )		
11.	Bank Details	Name of Beneficiary	
		A/C	
		Name of Bank	
		IFSC code	
		Branch Name	
12.	Postal Address( for sending the certificate) with PIN in Capital Letters		
13.	No due clearance forward by the HoD/Division in charge	HoD/Division in charge:  Sign:  Date:	

**AFFIDAVIT**

I, ..... Joined the Programme  
..... on -----In the Dept/Division  
of ..... is hereby declare  
that

- 1) I have deposited a sum of  
Rs.....Rupees(.....  
.....) towards Caution Deposit at the time of joining.
- 2) I am unable to produce the original receipt for the same as it has been lost by me.
- 3) I hereby undertake and declare that in future, the original receipt shall not be used for  
claiming the refund of Caution Deposit. The Caution Deposit is being claimed by me  
now.

Name :

Signature of student :

Date :

**VERIFICATION**

The contents written herein are true and correct to the best of my knowledge and nothing  
concealed therein.

Solemnly affirmed at \_\_\_\_\_ on this date \_\_\_\_\_

Name of Dept HoD/Division :  
In charge

Signature :

Date :

