

Maharshi Dayanand Univesity, Rohtak

Students' Welfare Office

- Note : 1. Caution Money is refundable if application is received within one year from the date of leaving the University.
 2. Incomplete form will be entertained.

APPLICATION FORM FOR THE REFUND OF CAUTION MONEY

TO

The Head;
 Deptt. Of
 M.D. University,
 Rohtak,

Sub. : Refund of Caution Money.

Sir,

I have left the Deptt. Of and paid all my dues. The 'No dues' report has also been given below by the officers/officials of the concerned offices. You are therefore, requested to kindly recommend and forward this application to the Dean Students' Welfare for refund of my Caution money.

Yours faithfully,

No Dues Report :

(The signature of the concerned officers/
 Officials with office seal are necessary)

SIGNATURE OF STUDENTS

- | | |
|-------------------------|---|
| 1. Librarian | 1. Name |
| 2. Fee Clerk | 2. Date of admission in the Deptt. |
| 3. Hostel Warden | 3. Roll No. of Prev. Year |
| 4. LPE / ADPE | 4. Roll No. of Final Year |
| | 5. Date of leaving Deptt |
| | 6. Address on which the
Cheque is to sent |

Endst. No. Dated

Recommended and forwarded to the Dean Students' Welfare MDU, Rohtak for refund of Caution Money with the remarks that Col. No. 1 to 5 filled in by the student / candidate are correct.

Dean Students' Welfare

Head
 Deptt. of
 (office seal)

MAHARSHI DAYANAND UNIVERSITY, ROHTAK

Dean Students' Welfare office

MEDICAL CERTIFICATE

Name:

Father's Name:

Address:

.....

.....

Date of Birth :.....Single/Married.....

1 Parent/Past illness of Significance

2 Injuries/Operation undergone and present condition

.....

3 Any known allergy to drugs or foodstuff.....

.....

4 Blood Group No.....

.....

5 Is the Applicant suffering from any of the following diseases :

i) An infectious Disease Yes/ No

ii) A Skin Disease Yes/ No

iii) Mental Disease Yes/ No

iv) Heart Trouble Yes/ No

v) Asthmatic Yes/ No

vi) Any Other Disease / Defect Yes/ No

6 I, on this date have examined Mr./Ms.....and

Found him/her medically fit / unfit to undergo the

Camp / Course / Activity.

Medical Officer

Registration Number & Designation

Date

MAHARSHI DAYANAND UNIVERSITY, ROHTAK
Students' Welfare Department
APPLICATION FORM FOR CAMPS AND COURSES

1. Name of the Camp/Course
2. Dates of the Camp/Course Fromto.....
3. Name of the Applicant.
(in block letters)
4. Father's Nameto.....
5. Nationality
6. Dept./College/Institution
7. Class & Roll No.
8. Date of BirthAge.....
9. Address for Correspondence
-Telephone Number.....
-Mobile Number.....
10. Permanent Home Address
-Telephone Number.....
-Mobile Number.....
11. Vegetarian/ Non-Vegetarian
12. Details of Previous Camps/ Courses Scouting/ Guiding attended :

Affix your latest
 Passport size
 Photograph duly
 attested by
 Principal/Head of Instt...

Name of the Camp/Course	Dates	Place
a)		
b)		
c)		

13. Any Special qualification/training/hobbies/experience relating to the concerned Camp/Course/Activity/
 Water Sport/Swimming etc.
- a)
- b)
- c)
14. Hobbies (Singing, dancing, Theatre, Fine Arts, Literacy. Sports etc.) :
- a)
- b)
- c)

Signature of Applicant

PTO

Declaration & Risk Certificate

I hereby solemnly declare that the above particulars are correct to the best of my knowledge and Belief and that if am selected. I shall strictly abide/ adhere by the Rules and Regulations of the Camp/ Course and shall be a disciplined member of the Camp/ Course, failing which, I will be liable for expulsion.

I also declare that if I am selected I shall attend the Camp/ Course at my own risk and neither I nor my Parents/ guardian will claim any compensation in case of illness/mishap/injury/accident of any kind affecting me.

I shall be wholly responsible for any dispute/ police case if happened due to my carelessness/ Irresponsible activity at camp site.

Place

Signature of the Applicant

Dated

It is certified that I agree to detail my son/ daughter Mr. / Ms. /.....
For the camp / course / training / activity for which he / she has applied. In case of any illness/ mishap/ Injury/accident of any kind affecting my son/daughter, I will not claim any compensation and will not hold the Host institute /Students Welfare Departments of M.D. University , Rohtak or its staff woolly or partially responsible for the same.

Place

Signature of the Father/Guardian

Dated

**RECOMMENDATION OF THE HEAD/PRINCIPAL OF THE
DEPARTMENT/COLLEGE/INSTITUTION**

I hereby certify that the applicant Mr./Ms./.....
Of ClassRoll No.....of my Dept./ College/Institution
is recommended as being the most suitable student for the said camp/course/activity. The student has been found fi after medical examination Medical Certificate enclosed) to join/undergo the said camp activity at his /her own risk and that no compensation will be payable in acse of any illness/ mishap/ injury/ accident of any kind.

Place

Signature of the Head/Principal

Dated

With Office Seal