

# BGIMS

## LIBRARY & COMPUTER LAB DEPOSIT CLEARANCE FORM

(Write in CAPITAL letters only)

Name (Surname First): \_\_\_\_\_

Current Mailing Address : \_\_\_\_\_

\_\_\_\_\_

Telephone No: (Res.) \_\_\_\_\_ (Mobile) : \_\_\_\_\_

e-mail: \_\_\_\_\_ Course: \_\_\_\_\_ Roll No.: \_\_\_\_\_

### BANK ACCOUNT FOR E-TRANSFER:

i) Name of the Account Holder : \_\_\_\_\_

ii) Name of the Bank & Branch : \_\_\_\_\_

iii) Bank A/c No. : \_\_\_\_\_ iii) IFSC No : \_\_\_\_\_

(Attach Photocopy of Cheque)

### (Tick appropriate box/es)

I, undersigned, wish to become a member of "BGIMS - Alumni Association". I authorize the institute to transfer Rs. 1,000/- from the refund due to me, towards annual fees for BGIMS - Alumni Association and to refund the balance, if any to me.

I, undersigned, wish to surrender refund of deposit due to me, to the institute for the purchase of book/s for the library. I understand that my name will appear as donor on book/s purchased from this amount.

I, undersigned, wish to become a member of "BGIMS - Alumni Association". I authorize the institute to transfer Rs. 1,000/- from the refund due to me, towards annual fees for BGIMS - Alumni Association & surrender the rest of the refund of deposit due to me, if any to the institute to purchase the book/s.

I, undersigned, hereby apply for the refund of deposit paid by me at the time of admission after deduction of dues, if any.

### BGIMS – ALUMNI ASSOCIATION:

BGIMS – Alumni Association was formed on 15<sup>th</sup> January 05, at Ramada Inn Palm Grove Hotel.

Benefits of becoming a member of BGIMS - Alumni Association:

- Continual placement assistance from the institute
- Opportunity to participate in / attend various activities of the institute like guest lectures / seminars etc.
- Free Internet facility for 25 hrs.
- Privilege to use Institute's gymnasium at the normal rates.

# BGIMS

## TERMS:

- Amount of deposit will be transferred directly to the Bank Account as mentioned in the form.
- Original fee receipt of payment of first year's fee mentioning the deposit paid, Library cards & Identity card must be attached to this form.

Date :

Signature of the Student

### To be filled in by the Institute

Remark of Computer Department
Signature (Comp. Dept)

Remark of Library
Signature (Librarian)

**Administrative Officer**

**Director**

# BGIMS

## PLACEMENT DETAILS

(Write in CAPITAL letters only)

Name: \_\_\_\_\_  
(Surname First)

Name & Address of the Company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Designation: \_\_\_\_\_

Present Salary: \_\_\_\_\_ Per month

**Student's Signature**

\_\_\_\_\_