



**UNIVERSITY OF HYDERABAD**  
**Indira Gandhi Memorial Library**

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**Application for the Refund of Caution Deposit for Retired Faculty**

(To be submitted at Circulation Counter of the Library)

1. Name of the Faculty :
2. Department/School :
3. Retirement ID card Number :
4. Library Card Number :
5. Amount collected by the library :
6. Library Receipt No./date : (Original Receipt Enclosed)
7. Permanent Address


8. Mobile No:
9. Bank Account Details :  
Name of the Bank, Branch and A/c Number

**Signature of the Applicant with date**

To The University Librarian, IGM Library

\_\_\_\_\_ **For Verification of Circulation Records** \_\_\_\_\_

Verified the above details and certify that -

1. An Amount of Rs. \_\_\_\_\_ was collected from the Faculty
2. Deposited the amount (Proof enclosed) in Finance Sec. under A/c No: 816625 on \_\_\_\_\_
3. Recommended to refund the deposit

**Date**

**Signature:**  
**Deputy Librarian:**  
**Circulation Section**