Date	
Date.	

The Dean School of Science Kathmandu University Dhulikhel, Kavre

Account Bus ISMS Library

School / Dept. Administration

Subject: Refund of the caution mo					
I have completed the				•	•
deposited as per the attached. I h	nave obtained the clearance	from the cor	ncern departr	nent as started	below.
Department	Cleared By (Full Name)	Date	All Clear	Semi Clear	Sign
Animal Cal Culture Lab	, ,				
Bioinformatics Lab					
Biology Lab					
Bioprocess Lab					
Chemistry Lab					
Communication Lab					
Computer Lab					
Construction Materials Lab					
EE Computer Lab					
Electrical & Electronics Lab					
Fluid, Hydraulic & Hydrology Lab					
Geology Lab					
Immunology Lab					
Machine Shop					
Me Computer Lab					
Mechanical Workshop					
Microbiology Lab					
Molecular Lab					
Pharmacy Lab					
Physics Lab					
Plant Tissue Culture Lab					
Pollution Lab					
Power Lab					
Remote Sensing & GIS Lab					
Soil and Rock Mechanics Lab					
Strength of Materials Lab					
Structural Analysis Lab					
Survey Lab					
Transportation Engineering Lab					

Student Welfare Directorate							
Exam Roll No.:			Student	's Name:			
Exam Non No		Student's Name:					
Registration No.:		Student's Signature:					
Batch / Group :		Contact No.:					
	/F 055: 111	0.1.)			1		
(For Official Use Only)							
The Finance	Date :						
KU, Dhulikhel							
Please refund and amount Rs	d and amount Rs of the caution money to the applicant.						
Dean Signature: Signature: School of Science					e		