

APPLICATION FOR REFUND OF SECURITY DEPOSIT

1. Name of the Contractor :
2. Name of the Work :
3. Agreement No. & Date : No...../Dt.....
4. Date of Commencement :
5. Stipulated Date of Completion :
6. Date of actual Completion :
7. Dues if any outstanding against the Contractor :
8. If the Contractor has accepted all measurement
Of the final bill with satisfaction & date of final bill
Vide RMC Vr. No. & Date : No...../Dt.....
9. If all recoveries to the cost of all materials issued
to the contractor has been realized :
10. If the work has been completed with full satisfaction :
11. If the site Engineers recommended that S.D safely be refunded :
12. The amount of S.D deducted from the Bill vide
R.A Bill No.Rs.....
R.A Bill No.Rs..... Rs.....
R.A Bill No.Rs.....
R.A Bill No.Rs.....
M.B No...../Page.....
13. Remarks :-
(a) S.D May be refunded safely.

Signature of the
J.E / A.E

Signature of the
Contractor

Signature of the
A.E.E

Signature of the
Executive Engineer, RMC