



CHOITHRAM INTERNATIONAL
 AN IB WORLD SCHOOL
 Choithram Hospital Campus, Manik Bagh Road,
 Indore – 452014
 Contact Numbers – +91 731 2360345-46, +91 9009992059



No.: ECI/P/AO/06

Date:

To,
 The Principal
 Choithram International
 Indore (M.P.)

Please refund Caution Money in respect of my ward. His/her details are given below:

1. Name of the student:
 2. Scholar Reg. No. Class Section (passed or studying)
 3. Left on: Vide T.C. No. date:
 4. Caution Money Transfer in Bank account of Mother/Father/Student (Please attached bank details)
 Mr/Mrs.
- Date Signature of Applicant:
- Contact No. 1: 2:

For office use only

Caution money amount Date of admission

School attended till (Date)fee deposited till

Library Dues if anySign of Librarian Fee Clerk.....

Sch. Reg. No.C.M. Reg. page No.Sr. No. Entered date

ADMIN HEAD & PR

ACCOUNTANT

PRINCIPAL

Note: Dear Parent please attach fees receipt of caution Money submission and last fees payment receipt.