**NO DUES CERTIFICATE**

Date: \_\_\_\_\_\_\_\_\_\_

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student of MBBS 3rd prof. \_\_\_\_\_\_\_\_\_\_\_ has cleared all the dues of the following departments.

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| **Sr. No.** | **Department** | **Seal & Signature of HOD/ Incharge** |
| 01. | C&FM |  |
| 02. | ENT |  |
| 03. | Ophthalmology |  |
| 04. | Orthopaedics |  |
| 05. | Dermatology |  |
| 06. | Psychiatry |  |
| 07. | Mess |  |
| 08. | Accounts |  |
| 09. | Library |  |
| 10. | Hostel |  |