

NO DUES FORM

Name :	Course:	Subject:
Gender:		
Father's Name:	Department:	
Position:	Joining Date:	Relieving Date:

This is to certify that _____ has been relieved from his/her duty w.e.f. _____ Status of Dues/No Dues in the respective departments as follows:-

Department	Yes/No	Incharge Name & Designation	Signature with Stamp
Library			
E.H.S.			
Security Officer			
Administration Department ID Card Deposited Whether Yes or No			
Accounts Department			
Store Department			
Radiation Safety Officer			

Department	Yes/No	Incharge Name & Designation		Signature with Stamp
Hostel/Accommodation/Guest House				
Mess				
Engineering Section				
IT Committee (E-Hospital)				
Biometric Desk				
IT Store				
Sports Committee				
Head of Department		Leave	Leave Taken	Extension (Y/N), if Yes, mention reason
		1 st Year-30 2nd Year-30 (if applicable)		