

NO DUES FORM

Name :	Course:	Subject:
Gender:		
Department:	Position:	
Joining Date:	Relieving Date:	

This is to certify that _____ has been relieved from his 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			

Department	Yes/No	Incharge Name & Designation	Signature with Stamp
Hostel/Accommodation/Guest House			
Mess			
Radiation Safety Officer			
Head of Department			
Engineering Section			
IT Committee (E-Hospital)			
Biometric Desk			
Sports Committee			
IT Store			