

## NO DUES FORM

<b>Name :</b>	<b>Course:</b>	<b>Subject:</b>
<b>Gender:</b>		
<b>Father's Name:</b>	<b>Department:</b>	
<b>Position:</b>	<b>Joining Date:</b>	<b>Relieving Date:</b>
<b>Gender:</b>		

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:-

<b>Department</b>	<b>Yes/No</b>	<b>Incharge Name &amp; Designation</b>	<b>Signature with Stamp</b>
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				
Head of Department		Leave	Leave Taken	Extension (Y/N), if Yes, mention reason
		1 <sup>st</sup> Year-30		
		2 <sup>nd</sup> Year-36		
		3 <sup>rd</sup> Year-36		