



All India Institute of Medical Sciences Rishikesh

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

NO DUES FORM

Name:	
Designation:	
Name of Department:	
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 department as follows:-

Department	Yes/No (with remarks & Signature)
Library	
E- Hospital	
E.H.S.	
Security Officer	
Administration Department	
Account Officer	
Account Department	
Store Department	
Hostel/Accommodation/Guest house	
Head of Department	
E-Office	
Engineering Department	
Biometric Desk	
It Store	
Mess	
Radiation Safety Officer(RSO)	
Game Committee In charge	
HOD Recommendation work satisfactory yes/no	



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No Dues Form from Store Section

.....joined as in Department of the ledger /loan checked & certified as below. However, I, on behalf of department, have taken over all items under his/her charge/use.

(Name & Signature of Official Taking Over)

S. No.	Name of Stores	Signature (Remark)
1.	Furniture	(I certify that there are no dues on him/her.)
2.	Stationery Store	(I certify that there are no dues on him/her.)
3.	Central Store	(I certify that there are no dues on him/her.)
4.	IPD Store	(I certify that there are no dues on him/her.)

Signature of Store Officer

Residence



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Clearance/No Dues Form

F. No. AIIMS-RIS/RDH/RES/20...

Date:-

Hostel Room Number

1. Name of Resident (In Block letter).....
2. Designation.....Department.....
3. Date of Relieving.....

For Office Use Only.

Items to be checked at the time of vacating Hostel							
Table		Chair		Tube Light		Face Light	
Curtain Rod		Bath Fitting		Bed		Bed Box	
Exhaust Fan		Mirror Light		Mirror		Mattress	
Pillow		Ceiling Light					
Personal luggage removed							
Hostel dues cleared							

Verified by-

Designation-

Signature with date-

Certified that as per record, nothing is due on the part of Dr..... It is further certified that he/she has removed his entire personal luggage from respective room. The Institute hostel has “No Dues” outstanding against him/her

Resident Signature with date

**(Provost /Assistant Provost)
Resident Doctors' Hostel**