

No Dues Certificate

Name of Employee : _____

Department : _____

Designation : _____

Department	Dues if any/No Dues	Signature of HoD	Remarks
Accounts			
Central Library			
Stores			
Computer Centre			
Project Manager (Project Deptt.)			
Registrar's Office			
Sports Department			
Head of the Department			
Medical Unit			

Signature of Registrar

Date: