

## **NO DUES CERTIFICATE**

## PART-A (To be filled by the Employee)

Name	e of Employee		ID		
DesignationDepartment					
Date of JoiningDate of Relieving					
Reaso	on for Leaving the Institut	e			
on loai	n, if any, have been hande	nents i.e. award sheets/result e d over to all the concerned au ase of any official query after m	thority. Howeve		
Date:; Contact No			[Signature of Employee]		
PART-B (To be filled by HODs of Concerned Department)					
S. No.	Department	Name of HOD / Section In-Charge	Signature	Remarks, if any	
1	Library				
2	Admin. Office				
3	Hostel Warden				
4	Computer Center				
5	HR Deptt.				
6	Deptt				
It is certified that all necessary documents pertaining to the academic work have been handed over to me.  Date					
<u>PAR</u>	T-C (To be filled by the Fi	nance & Accounts Section)			
1.	Monthly Salary: 4. Deduction, If any :				
2.	Payable Days :	5. Net Payable Salary :			
3.	Payable Salary:				
Date					

[Director]

[Registrar]