STUDENT NO DUES FORM

Session 20.... - 20....

			Date: _	Date:	
This is	to certify that there are no	dues against			
S/o or D/o		Student of _	Year	Semester	
Campus		Course	Branch		
Registr	ration Number				
S. No	Department	Name of In charge	Remarks	Sign.	
1.	Tutor				
2.	HOD				
3.	Library In-charge				
4.	Transport In-charge				
5.	Network Administrator				
6.	Submit I-Card				
7.	Canteen In-charge				
8.	Hostel	Mess			
		Warden			
9.	Accounts In-charge				
10.	Proctor office				
11.	Registrar office				
12	Store In-charge				