



NO DUES CERTIFICATE

Reg. No. _____

Year of admission _____

Course Status- Completed/Registration Cancel

Student Name _____ Roll No. _____ Branch _____

Sl. No	Office/Department	Signature of the Head concerned	Date	Remarks, if any.
1	Head of the Department			
2	Labs			
	(i)Departmental Labs			
	(ii) Applied Science Lab			
	(iii) Workshop			
3	Warden (Boys/Girls)			
4	Central Library			
5	Sports			
6	Computer Centre			
7	Examination Office			
8	Account Office			
9	Dean Office			

Note : Students are required to submit “No Dues Certificate” to the Dean Office.

DECLARATION BY THE STUDENT

I, _____ hereby declare that to the best of my knowledge and belief there are no dues payable by me to the Institute. Should there be any, found on later date, I agree to pay the dues.

Date :

Signature _____

Permanent Address-

.....

Personal Email ID : **Mobile No**

Details of Placement/Higher Studies/ others.....