



**NODUES 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	<b>Labs</b>			
	(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			
10	Training & Placement Cell			

**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 nodules pay able by me to the Institute. Should there be any, found on later date, I agree to pay the dues.

**Account Holder Name**..... **Bank Account Number** .....

IFSC Code..... Bank Name .....Branch .....

**Permanent Address-**

.....  
.....

**Personal Email ID:** ..... **Mobile No.**.....

Date: .....

Signature \_\_\_\_\_