



NO DUES CERTIFICATE

Student Name		Mob. No		
Fatheı	Name			
Admis	sion No		Enrollment No	
	Allotted (Yes/No)			
Progra	am		Session	
E-mai	IID (in capital letters)			
Purpo	se of No Dues			
•	rawal from University/ Withd			
for get	ting Marksheet / Any Other-P	lease Specify)		
Nata.				
Date:			Student Signature	
S.No.	Department	Room No.	Due/Remark(If Any)	Signature
1	IT Office	A-022		
2	Central Library	A-005		
3	I-Card Submission	ERP Office (B-024)	
4	Sports Incharge	Hostel-007 A		
5	Accounts Office	A-023		
6	Training & Placement Office	C-015		
7	Alumni Office	Dean Office		
	То Ве	Filled Compulsory	By The ERP Office	
Registered or Not in the Current Semester				
Class	attended or not in the Curre ended, Mention the Percentage	nt Semester		
(II ALL	ended, Hention the Fercentage	, County		
Signature of Dean/HOD				Signature of ERP Office
J. 9.141	2.00.200.11102			2.g., a.a. 0 01 2111 011100
Verified by Deputy Registrar				Approved by Registrar