

NO DUE CERTIFICATE FOR MBBS – STUDENTS COURSE COMPLETION

Reg. No: _____

NAME:

SECTION	COMMEN	NTS SIGN	NATURE
DEAN (Academic)			
EDP:			
CENTRAL LIBRARY:			
HOSTEL WARDEN:			
CASHIER:			
DIRECTOR OFFICE:			
ADDRESS FOR COMMUNICATION:		•	
	Ph:	Email ID:	
THE REGISTRAR:			
Due	:		
Paid	:	No Due:	
Balar	nce:		
Certi	ficates: Issue / Not to Issue	e Sign of Re	• ,

Date: