

NO DUE CERTIFICATE FOR MD/MS – STUDENTS COURSE COMPLETION

NAME :

Reg. No: _____

BATCH :

DEPARTMENT :

ADDRESS FOR COMMUNICATION:

PHONE:

EMAIL ID:

SECTION	COMMENTS	SIGNATURE
DEAN (Academic)		
DEAN (Research)		
CENTRAL LIBRARY:		
EDP:		
HOD:		
HOSTEL WARDEN :		
HR MANAGER:		
CASHIER:	Due : _____ Paid : _____ Balance : _____	

THE REGISTRAR:

Certificates: Issue / Not to Issue

Sign of Registrar

Date :

DEAN