

**No Dues Certificate**

Name of Employee \_\_\_\_\_ Salary Code \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

Left / Retired on \_\_\_\_\_

I am surrendering my I-Card and Medical Card with after (Strike-off, in case if not applicable)

I may please be issued 'No Dues Certificate'

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

This is to certify that nothing is due from Dr./Mr./Ms. \_\_\_\_\_

1. In-Charge of Department \_\_\_\_\_
2. Librarian \_\_\_\_\_  
(In case anything is due, a separate statement may be attached with this Certificate)
3. Dealing Assistant (Attendance/ Assessment Record) \_\_\_\_\_
4. Dealing Assistant (Laptop Issuance) \_\_\_\_\_
5. Section Officer (SO) Administration \_\_\_\_\_
6. Accounts Section \_\_\_\_\_

Please give details:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Total \_\_\_\_\_

Remarks of the Office \_\_\_\_\_

Nothing is Due from \_\_\_\_\_ and his/her dues may be paid.

Section Officer (Admin)

Administrative Officer (AO)

Principal

*NOTE: PLEASE SUBMIT THIS FORM IN TRIPLICATE*