

NO DUES CERTIFICATE

Name of Employee _____
Designation _____ Department _____
Left /Retired on _____

I am surrendering my I card and Medical Card with after (Strike off, 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 the Department _____
2. S.O Administration _____
3. Librarian _____

In case anything is due a separate statement may be attached with this certificate)

4. Account Section _____

Please give details

1. _____
2. _____
3. _____
4. _____

Total _____

Remarks of the Office _____

Nothing is due from _____ his/her dues may be paid

Section Officer (Admn)

• Administrative Officer

Principal