

FORMAT VI

No Dues Form

Name of the Student: _____

Roll No: _____

Year: FY/SY/TY

Faculty: BBA/BCA/BA-CS/B.Com.

Semester: I/II/III/IV/V/VI

Mobile No: _____ E-mail ID: _____

Sr. No	Head of Clearance	Dues in Rs.	Contact Person/Place	Signature of Section/ Dept. Head only after complete clearance
1	Account Section		Accountant	
2	Library		Librarian	
3	Computer Laboratories		Lab. Assistant	
4	Common Breakage		Head	
5	Scholarship Compliance		Data Centre	
6	Student Section		Office	
7	Alumni Registration		T&P Officer	
8	Internship Certificate		T&P Officer	
9	Higher Studies Data		T&P Officer	
10	Job Offer Letters		T&P Officer	
11	Activity Certificate		Head	
12	Student Feedback		Head	
13	Parent Feedback		Head	
14	P&T Meeting Feedback		Head	
15	NSS		PO	

Date: _____ Student's Signature: _____

I hereby certify that the above dues have been settled by the student.

Verified by the Accountant: Name _____ Sign.: _____ Date: _____

Verified by the Head: Name _____ Sign.: _____ Date: _____

Processed by: Name _____ Sign.: _____ Date: _____

PRINCIPAL