To,
The ……
……..
JIS Institute of Pharmacy
Block A, Phase III, Kalyani, Nadia 741235

Date:……..

Sub : No Dues Certificate

Name :……
Degree :……Stream :……..
Student ID :…….. Academic Session……..
Roll No. :……..Registration No.:……..
E-Mail Id :……Mobile No.:……..
Full Address :……

NO DUES CERTIFICATE:

| Library | Dues/No Dues | Signature of the Librarian |
|---|---|---|
| | | |
| Department and Lab | Dues/ No Dues | Signature of the HOD |
| | | |
| Hostel Clearance | Dues/ No Dues | Signature of the Warden |
| | | |
| Accounts section | Dues/ No Dues | Signature of the Accountant |
| | | |
| Exam Cell | Dues/ No Dues | Signature of the OIC (Examination) |
| | | |

I hereby declare and undertake that:

- All the information provided above is true and complete in all respect
- I hereby declare that I have cleared all my dues payable to the institution. I have returned all the books, laboratory equipment, identity card, library card, and any other materials issued to me by the college.
- I confirm that there are no pending fees, fines, or liabilities against my name in any department of the institution.
- I request the concerned authority to kindly issue me……..

……..
Signature of the Student

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For Office Use Only
(Office to verify and check whether Form is complete in all respect before accepting)

…….. ……..
Signature of the Concerned Authority
Seal
Principal