

## No Dues Certificate (Teaching)

Name:..... Father's Name:.....

Designation:..... Department:.....

Unit:.....

S.No.	Department	Remark
1	Department	
2	Unit Office	
3	C.S.S. Hospital	
4	Library	
5	Accommodation Department	
6	Infotech Department	
7	Electricity/Maintenance/Transport	
8	Account Section	
9	Distance	
10	O.B.C. Bank at Subhartipuram	
11	Asst Registrar-Shops	
12	Registrar Office	

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**Faculty Signature**

Date:.....