



अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर
हिमाचल प्रदेश -१७४०३७
All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174037



EXAMINATION SECTION

NO DUE CERTIFICATE

No dues certificate of **Mr./Ms.**.....

Father's Name..... Roll No.....

Batch..... Enrollment No..... Course.....

Appearing Examination_____

Sl. No.	Name of Department/Section*	Signature with Date	Remarks
1	Library In charge		
2	Hostel Warden		
3	Chairperson Mess Committee		
4	Accounts Section		
Concerned Department (HoDs /Faculty Co-ordinator)			
5			
6			
7			
8			

*HoD/Faculty In charge/Chairperson of the respective department /section should sign.

Signature of Student
Date:-

