**All India Institute of Medical Sciences**

**Changsari, Guwahati-781101 (ASSAM)**

**NO DUES CERTIFICATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT :** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DESIGNATION** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARD NO/EMP. NO :** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **REASON OF LEAVING** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF JOINING :** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DATE OF COMPLETION OF TENURE** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF RESIGNATION :** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **THIS IS TO CERTIFY THAT THE ABOVE EMPLOYEE HAS NO DUES OUTSTANDING WITH AIIMS GUWAHATI.** | | | | |
| **NAME OF THE DEPARTMENT**  **/ SECTION** | | **STATUS (DUE / NO DUES)** | **REMARKS** | **SIGNATURE WITH STAMP** |
| HEAD OF DEPARTMENT | |  |  |  |
| STORES | IPD |  |  |  |
| OPD |  |  |  |
| MEDICAL SUPERINTENDENT OFFICE | |  |  |  |
| ADMIN SECTION | |  |  |  |
| ACCOUNT SECTION | |  |  |  |
| CENTRAL LIBRARY | |  |  |  |
| EXAMINATION CELL | |  |  |  |
| HOSTEL SECTION | |  |  |  |
| I.T. CELL | |  |  |  |
| SIMULATION LABORATARY | |  |  |  |
| SECURITY | |  |  |  |
| MESS | |  |  |  |
| **DATE :** | | | **SIGNATURE OF CANDIDATE** | |