**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** |