

All India Institute of Medical Sciences

Changsari, Guwahati-781101 (ASSAM)

NO DUES CERTIFICATE

<u>NAME</u>	:	_____	<u>DEPARTMENT</u>	:	_____
<u>DESIGNATION</u>	:	_____	<u>CARD NO/EMP. NO</u>	:	_____
<u>REASON OF LEAVING</u>	:	_____	<u>DATE OF JOINING</u>	:	_____
<u>DATE OF COMPLETION OF TENURE</u>	:	_____	<u>DATE OF RESIGNATION</u>	:	_____

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 LABORATORY				
SECURITY				
MESS				
DATE :			SIGNATURE OF CANDIDATE	