

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
CHANGSARI, GUWAHATI-781101 (ASSAM)  
NO DUES CERTIFICATE**

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

**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			
ENGINEERING SECTION			
HOSTEL SECTION			
I.T. CELL			
SIMULATION LABORATORY			
SECURITY			
MESS			
<b>DATE :</b>		<b>SIGNATURE OF CANDIDATE</b>	