



DPS GROUP OF INSTITUTIONS

NO-DUES FORM/CERTIFICATE

I request for No dues clearance.

Name:

Roll No.:

Course:

Department:

Name Of the institute:

Contact No.: _____ **Email ID:** _____

Date:.....

Signature of the student

Take signatures from the concerned sections to issue no dues certificate:

Sl. No.	Dept./Offices	Remarks	Signature with seal
1	Library		
2	Lab-In-charge		
3	Cultural		
4	Sports		
5	Hostel Warden		
6	Examination Cell		
7	Transportation		
8	IT Department		
9	Accounts Section		
10	Administration (Office)		

Head of the Department

Associate Dean (SA)