



## NO DUES FORM

Name of the Student: \_\_\_\_\_  
First Name Middle Name Surname

URN: \_\_\_\_\_ Academic Year: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_

Sr. No.	Head	Remarks	Authority Signature
1.	Accounts	Fees Clear (Yes / No) <b>Seal:</b>	
2.	Dean of School	No objection	
3.	Academic Coordinator	Library Book / Inactive ERP Login / Laboratory Clearance	
4.	Head: Academic Advisor	No objection	
5.	IT Department	Documents/ I card / Inactive Email ID	
6.	Librarian	Library Books <b>Seal:</b>	
7.	Dean: Student Services	Exit Interview	

Comments by Dean / Functional Head: \_\_\_\_\_

Approved by

**Registrar**