Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow -226014 (U.P.)

Tel: 2668004-05, 268700, 2668800, 2668900, Ext. 5351, 5353, 5355, Fax2668017, 2668078

NO DUES CERTIFICATE
FOR
DM/M.SC./PDCC/SR/(HS)/MD/B.Sc. Nursing /CMT &AHSc. student

Name _____Diploma/B.Sc./M.Sc._____
student Enrolment No. (_____) in the department of _____who is proceeding on Resignation/ Completion of term w.e.f./discontinuity of course _____ if any dues are outstanding him/ her same there of, may be specified and indicated below.

1. Head of the Deptt: Name_____Signature _____
2. Account Section : Name_____Signature _____
3. Ward/Deptt: Name_____Signature _____
4. Radiation Safety: Name_____Signature_____
5. Medical Health Card: Name_____Signature_____
6. Operation Theater : Name_____Signature _____
7. Central Library : Name_____Signature _____
8. Nurses Hostel/Boys Hostel/Condominium: Date of Allotment_____Dt. of Handover_____
9. House Keeper: Name_____Signature _____
10. Computer Center _____Signature _____
11. Vehicle Section:_____Signature _____
12. Mess _____Signature _____
13. I Card_____Signature _____
14. CNO/CTO _____Signature _____
15. Nursing/CMT Foundation Lab _____
16. Anatomy Lab _____
17. Community Health Nursing Lab _____
18. Nutrition Lab _____
19. Computer Lab _____
20. OBG Lab _____
21. College Library _____
22. Astt. Warden _____
23. Warden _____
24. Hostel Provost_____

Signature of Nodal Officer **Executive Registrar**

COLLEGE OF MEDICAL TECHNOLOGY AND ALLIED HEALTH SCIENCES
SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES
LUCKNOW

Details of Students for Certificate Release of B.Sc. M.Sc. and Diploma Students.

(Fill Details in Capital Letters only.)

1. Name of Students……
2. Father's Name…….
3. Mother's Name……...
4. Course…….
5. Year of Admission……..
6. Final Year Exam Roll No……...
7. Enrollment No…….
8. Details of Medical Health Card. Cr No…….....
9. Are you fail in course during studying (Year Back) if yes mention you course year in which you are fail. Course Year……..
10. Hostel Room No (if Provided)……
11. Attached No dues Certificate of Hostel……..
12. Detail of Fee submitted during Course: (Attached fee Receipt copy)

1st Year	**2nd Year**	**3rd Year**	**4th Year**
Course Fee: 1st Installment Rs……... Date: Course Fee: 2nd Installment Rs…… Date:	Course Fee: 1st Installment Rs……... Date: Course Fee: 2nd Installment Rs…… Date:	Course Fee: 1st Installment Rs……... Date: Course Fee: 2nd Installment Rs…… Date:	Course Fee: 1st Installment Rs……... Date: Course Fee: 2nd Installment Rs…… Date:

Hostel Fee: 1st Installment Rs…… Date: Hostel Fee: 2nd Installment Rs…… Date	Hostel Fee: 1st Installment Rs…… Date: Hostel Fee: 2nd Installment Rs…… Date	Hostel Fee: 1st Installment Rs…… Date: Hostel Fee: 2nd Installment Rs…… Date	Hostel Fee: 1st Installment Rs…… Date: Hostel Fee: 2nd Installment Rs…… Date

13. Is your original Certificate is submitted in the institute? (if Yes mention it, except Migration Certificate /Transfer Certificate/Character Certificate)

    …….

Declaration:

I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief and information.

Date: **Signature of Applicant**

For Office Use only:

1. Result Office Order No…… dated:……
2. Course Completion Certificate ☐
3. Internship Certificate ☐
4. Character Certificate ☐
5. Migration Certificate ☐
6. Caution Money……. Date……

Boys/Girls Hostel, College of Medical Technology and Allied Health Sciences

No dues Certificate of Hostel

1. I Ms/Mr._____student of _____ (Course name) has joined hostel on _____(DOJ of hostel). Today, _____(date) I am leaving and returning back the inventory of the hostel Room No……

Si.No.	Inventory	Quantity
1.	Bed	
2.	Chair	
3.	Study Table	
4.	Almirah	
5.	Mattress	
6.	Pillow	
7.	Table	
8.	Cupboard	

2. I have enclosed copy of all hostel fee receipt as under:-

S.No.	Course	Year of Programme or Semester	Date of hostel fee submission	Receipt No	Amount	Enclosure: Copy of Receipt: Page No.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Sign of House Keeper **Sign of Assist. Warden**

Sign of Warden