

**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY,  
THIRUVANANTHAPURAM**

**NO DUES CERTIFICATE**

Code No:..... Enrolment No:..... Year of admission :.....

**Note:-**Students leaving this Institute would submit “No Dues Certificate” to the office of the Registrar of the Institute.

Certified that nothing is due from Dr/ Mr /Ms.-----  
an DM/ MCh/PDCC/PhD/MPH/DPH/PBNC/ Diploma/Certificate course student of the Institute.

1. Head of the Department :
2. Librarian :
3. Biomedical Engineer :  
(Hostel/Quarters)
4. FA & CAO :
5. Division of Academic Affairs  
year of admission :
6. Medical Illustration :
7. Security Officer/ Warden :

**DECLARATION BY THE STUDENT**

I, Dr./Ms./Mr. -----  
hereby declare that to the best of my knowledge and belief there are no dues payable by me to the Institute. Should there be any (found on later date), I agree to pay the dues.

Signature:

Date:

Permanent address of contact