

**SREE CHITRA TIRUNAL
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY
POOJAPPURA, THIRUVANANTHAPURAM-695 012, INDIA**

NO DUES CERTIFICATE

Reg. No. _____

Year of admission _____

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

Certified that nothing is due from Dr/Mr./Ms _____

an DM/MCh/DCC/PhD/MPH/DPH/PBNC/Diploma/Certificate course student of the Institute.

Sl. No	Office/Department/Div/Lab	Signature of the Head concerned	Date	Remarks, if any.
1	Head of the Department			
2	(a) Library – BMT Wing			
	(b) Library - Hospital Complex			
3	Finance & Accounts : BMT Wing/Hospital Wing			
4	Division of Academic Affairs			
5	Reception			
6	Hostel : Manager / Security Officer			
7	Hostel : Warden			

DECLARATION BY THE STUDENT

I, Dr./Mr./Ms. _____ 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.

Date :

Signature _____

Permanent address for further communication

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Email ID :
Phone No :
Mobile No
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