



Date:

NO-DUES CERTIFICATE FOR B. PHARM. STUDENTS

All heads of Departments/Units/Sections and Librarian are requested to indicate the dues and liabilities, if any, outstanding against the student. Following section in charge should mention remark dues or No dues clearly and put their signature.

Name of the student :

Course details and class : Roll No. :

Category : SC / ST / NT / OBC / SBC / Open

| Sr. No. | Sections | Dues | No Dues | Sign |
|---------|--------------------------------|------|---------|------|
| 1. | Class Teacher | | | |
| 2. | Exam Section | | | |
| 3. | Lab Incharge Pharmaceutics | | | |
| 4. | Lab Incharge Pharma. chemistry | | | |
| 5. | Lab Incharge Pharmacology | | | |
| 6. | Lab Incharge Pharmacognosy | | | |
| 7. | NSS (VVC) | | | |
| 8. | Competitive Exams (MTH) | | | |
| 9. | Alumni Incharge (SSN) | | | |
| 10. | CREP (VLG) | | | |
| 11. | Store Section | | | |
| 12. | Library | | | |
| 13. | Training & Placement (KSS/MTH) | | | |
| 14. | Account Section | | | |
| 15. | Student Section | | | |