

Performa for Requesting No-Dues Examination

To,

The Sr. Librarian

Sir,

I, (Name in Capital Letters)S/o,D/o,W/o..... have returned all the library Book/Items/Documents issued to me and deposited all the dues, if any, standing in my name till date in library records.

Therefore, you are requested to grant your necessary permission for issuing Examination No Dues Certificate.

Thanking You,

Date:

Yours's Sincerely

Institute Employee/Enrollment No.:

Name:.....

Contact No:

Course/Batch.....

E-mail ID:

Designation:.....

(For Office Use Only)

Library Membership.: (Registered/Not Registered)

(Signature)

Remarks, if Any-

Sr. Librarian

(Office Copy)

Central Library
All India Institute of Medical Sciences, Rishikesh-249203

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