## **Central Library** All India Institute Of Medical Sciences, Rishikesh-249201

· · · · · · · · · · · · · · · · · · ·	uesting No-Dues Certificate
To,	
The Sr. Librarian	
Sir,	
I,(Name in Capital Letters)S/o,D/o,V	V/o, have returned all the library
Book/Items/Documents issued to me and deposited all the dues	
Therefore, you are requested to grant your necessary permission	n for issuing NO-DUES_CERTIFICATE.
Thanking You,	
Date:	Sincerely Your's
Institute Employee/Enrollment No.:	Name:
Contact No:	Course/Batch:
E-mail ID:	Designation:
Reason of NO-Dues. 1. Resignation 2. Tenure	Completion 3. Course Completion 4. Examination
5. If other, pleas	se specify
{For Office	ce Use Only }
Library Membership.: (Registered/Not Registered)	(Signature)
Remarks, if Any-	<u>Sr. Librarian</u>
,	edical Sciences, Rishikesh-249201
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	e Use Only }
Library Membership.: (Registered/Not Registered)	(Signature)
Remarks, if Any-	<u>Sr. Librarian</u>